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Development of Behavior Intervention Plan to Enhance Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder

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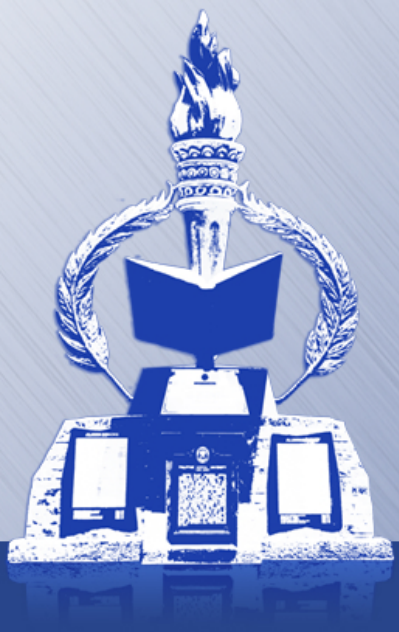

Development of Behavior Intervention Plan to Enhance Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder

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In Partial Fulfilment
of the Requirements for the Degree
Master of Arts in Education in Special Education
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RICHELLE N. SALAS
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APPROVAL SHEET

This thesis entitled "**DEVELOPMENT OF BEHAVIOR INTERVENTION PLAN TO ENHANCE LANGUAGE AND SOCIAL COMMUNICATION SKILLS OF STUDENTS WITH MILD AUTISM SPECTRUM DISORDER"** prepared and submitted by **RICHELLE N. SALAS** in partial fulfillment of the requirements for the degree of **Master of Arts in Education in Special Education (Teaching Children with Intellectual Disabilities)**, is hereby recommended for approval and acceptance.

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ABSTRACT

Name	**:**	Richelle N. Salas
Title	**:**	Development of Behavior Intervention Plan to Enhance Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder
Degree	**:**	Master of Arts in Education
Specialization	**:**	Special Education Teaching Children with Intellectual Disabilities
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Adviser	**:**	Teresita G. Inciong, Ed. D., D.P.M.

Enhancing the language and social communication skills is essential to improve the positive behavior and reduce the inappropriate behavior of students with autism spectrum disorder (ASD). Thus, an intervention plan on these skills is needed, which the study attempted to do to help students with ASD. Using descriptive-developmental approach, 20 participants purposively selected (5 parents, 3 special education teachers, 2 regular teachers handling students with mild ASD, and 10 behavior therapists) in different schools and a therapy center in Quezon City answered a checklist on the observed behaviors of students with autism in terms of language and social communication skills.

Results revealed that most of the behaviors in language and social communication skills indicated in the checklist were always observed, which then became the basis of the researcher to develop target behavior, strategies and reinforcement needed in the BIP. The Behavior Intervention Plan was validated by the three experts in the field of Psychology and Special Education. Ten among the participants tried out the Behavior Intervention Plan (BIP) to their students with mild autism for two weeks, and validated the content using the checklist made by the researcher.

Based on the results, the developed Behavior Intervention Plan was deemed efficient to enhance the language and social communication skills of students with mild autism spectrum disorder. Parents also found the plan very suitable for they were able to know the different strategies they could apply at home; likewise, regular teachers, special education teachers, and behavior therapists found it helpful to improve the behavior of the students. It is recommended that the Behavior Intervention Plan be used as an additional tool to the current Individualize educational plan that targets behavior through enhancement of language and social communication skills, and further studies to develop more strategies that will help students with Autism Spectrum Disorder.

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RNS

DEDICATION

This work is lovingly dedicated to
my parents, my brother and sisters,
KC, my friends, my colleagues, students with ASD
and most of all to our
Almighty God.

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Chapter 1

The Problem and Literature Review

Background of the Study

Language and Social Communication are inevitable. People use language to interpersonally influence ideas, feelings, needs, and desires of others. Through social communication, children can narrate different stories and events that happened to them or even share others' experiences, explain information they understand, request what they desire and need, or express feelings and opinions as a way of responding to the feelings of others (Heward, 2013). However, individuals who could not express themselves clearly might be misunderstood by others, which might result in frustrations and exhaustion. Some researches indicate that language has a great impact to behavior problems in which they may encounter difficulty in dealing with their peers, social adjustment, coping in challenging circumstances, and expressing their feeling towards others (Petersen, Bates, D'Onofrio, Coyne, Lansford, Dodge, Pettit & Van Hulle, 2013). This is the reason why students diagnosed with Autism Spectrum Disorder (ASD) manifest different undesirable behaviors such as: roaming around, crying, shouting, and verbal steaming just to express their wants and needs.

Autism Spectrum Disorder is one of the neurodevelopmental disorders marked by difficulty in the use of verbal and nonverbal communication that limits a person's effective communication, social interaction, academic achievement, and/or occupational performance. Other diagnostic criteria observed among students with ASD are poor eye-contact, inability to express their feelings or emotions, and difficulties in adjusting behavior to suit various social contexts (American Psychiatric Association, 2013).

Chung (2014) said that autism is not a single condition but it is a spectrum that ranges in different forms of abilities and behaviors. Students with mild autism spectrum disorder are advance in communication skills compared to other types of ASD (Rudy, 2018). They are the type of autism that can work in the school well and succeed later in life yet, there are other issues that need to be addressed. Though they are "mild" autism, still they have difficulty in understanding others reading, writing, and even the language others are using because of some delays in their brain development. They have difficulty in seeing a situation as a whole. Their brain struggles in receiving a bulk of information that is hard for them to figure out things happening in their surroundings (Verdick and Reeve, 2012).

Researchers observed that poor communication skills among students with ASD may develop challenging behavior to get their needs (i.e. crying, throwing things, and shouting). Chazin and Ledford (2016) believed that students with autism use their challenging behavior as their attempt to communicate with others. It occurs when a student is unable to tell his/her needs and desires effectively. Some children's manifestation of bad behavior is a result of something that is not proper or aligned with their patterns, and these are their ways of saying their desires. These are the common problems and stressful issues encountered by parents, teachers, and other service providers such as behavioral, occupational, and speech therapists in teaching students with mild ASD (Azad & Mandell, 2016).

Behaviorist believe that behavior is acquired through external force and not on internal thoughts (Cherry, 2019). Children diagnosed with ASD are challenged when in an unfamiliar environment because of very limited language output and lack of motivation to talk (Krupa, Boominathan & Sebastian, 2018). One of the keys to addressing a behavioral issue is to expand their language and teach them to use it through social communication.

Behavior Intervention Plan (BIP) widely uses to improve challenging behavior of exceptional children like the students with Autism Spectrum Disorders. BIP gives twofold of benefits to both students and teachers. On students with ASD, the procedural fidelity of BIP is associated with the reduction of unwanted behavior while on teachers, it becomes less burden to them the challenging behavior if addressed (Walker & Barry, 2017). In the study conducted by Klintwall and Eikeseth (2014) intensive intervention using the principles and procedures in Applied Behavior Analysis aid individuals with Autism Spectrum Disorder to improve their language and modified adaptive behavior. Proper behavior contributes well to the performance of the students. Stough, Montague, Landmark and Diehma (2015) said that handling behavior is frequently a concern of teachers, parents and other service providers which continuously seeking for techniques on handling the behavior of students with autism.

Behavior Intervention Plan in this study will help the parents, teachers, and other service providers to control and focus on the things that students with mild ASD need to accomplish. Compared with other BIP, this one offers strategies not only for teachers, and behavior therapists, but also for parents so that target behavior may be addressed for increased improvement on students' challenging behavior. The BIP will be implemented at school and home to enhance their language and social communication skills and improve the behavior. It could also an open communication between teachers and parents that will benefit the students.. Identifying the cause of behavior will be easy for the parents, special education teachers, regular teachers and behavior therapists to teach the students with mild ASD to blissfully perform their task.

Literature Review

Definition of Autism Spectrum Disorder. Individuals with Disabilities Education Act also so known as IDEA (2004) defined autism as *"developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a student's educational performance."* Students with ASD are typically observed to be alone, with lack of responsibility and initiation, enjoy repetitive movement like looking in spinning objects, or repeating words according to their interest They are accurate in doing things, as everything must be in pattern, and they tend to show disruptive behavior when such a pattern is not followed (Diala 2012). Children diagnosed with autism also have poor communication skills that interfere with their social interaction with peers and towards other people. They also lack facial expression to show the emotions they feel towards peers. It is hard for them to express their needs, say their wants, and tell in words directly their intention. Because of these communication delays, students with ASD use different ways to express their wants through actions like a tantrum, crying, and other unwanted behaviors.

According to Autism Speaks (2018), a non-profit organization in the US, autism is "both general terms for a group of complex disorders of brain development". This kind of disorder has different characteristics varying in its degrees: difficulty in social interaction, problem with verbal and nonverbal communication, and manifestation of unique behaviors.

Another characteristic of autism is that those with ASD are "*hyper or hypoactive to sensory input or unusual interest in the sensory aspect of the environment* (APA, 2013 p. 50)".They are too much sensitive to touch that makes them feel hurt, too cold, or too much hot in their environment (Rasmussen, 2017). Some autism manifests adverse response to sounds, smells, and/or visually fascinated with movements or light. On the other hand, children with

autism are visually smart. They easily learn through images and most of them have pictographic memory, enabling them to draw pictures exactly the same as the images they have seen.

Diagnostic criteria of Autism Spectrum Disorder according to Diagnostic and Statistical Manual of Mental Disorder (DSM) 5. The American Psychological Association set new criteria of autism on its fifth edition in the Diagnostic and Statistical Manual of Mental Disorder. Specifically, there are five (5) characteristics manifested on Autism Spectrum Disorder. (1) Persistent deficit in social communication and social interaction across multiple contexts; (2) Restricted repetitive pattern of behavior, interest, and activities; (3) Symptoms presented in the early developmental period (but may not become fully manifested until social demands exceed limited capacities, or may be masked by learned strategies in later life; (2) Symptoms caused clinically significant impairment in social occupational or other important areas of current functioning; and (4) These disturbances not better explained by intellectual disability (intellectual development disorder) or global developmental delay. Intellectual disability and Autism Spectrum Disorder frequently co-occur; to make comorbid diagnosis of Autism Spectrum Disorder and intellectual disability, social communication should be below that expected for general developmental delay.

Severity levels of Autism Spectrum Disorder. Individuals with Autism Spectrum Disorder vary in the degree of its severity. It is classified according to the displayed characteristics, forms of differences, and in delays. Psychologists and psychiatrists also include individuals with no cognitive delays under this classification.

American Psychological Association specifies the severity of Autism Spectrum Disorder which is based on social communication impairments and restricted, repetitive patterns of behavior. Here are the three levels of severity in terms of Social communications.

> **ASD Level 3: "Requiring Very Substantial Support".** Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches. **ASD Level 2: "Requiring Substantial Support".** They have marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks in simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication**. ASD Level 1: "Requiring Support".** Without supports in place, deficits in social communication cause noticeable impairments, difficulty initiating social interactions and clear examples of atypical or unsuccessful responses to social overtures of others. This may appear a decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful (2013. p 52).

Prevalence of autism. Gonzales (2014) stated that 1 to 2 out of 1,000 children are diagnosed to have Autism Spectrum Disorder. It is stereotypically before the age of three, and it is more common in male than female. It occurs four to five times to boys than girls. As of 2013, Autism is estimated at 21.7 million globally. In the United States, 1 out of 68 individuals is diagnosed with Autism Spectrum Disorder as of 2014. It increased by 30% from 1 out of 88 in the year 2012. In the Philippines, an estimated one million individuals were diagnosed to have Autism as of 2017, and it is seen to increase because there are places and areas that have not been discovered yet. Autism is now gradually recognized by Filipinos, yet they are still looking for its causes.

Etiology of autism. There are many factors that cause individuals to have autism. According to Autism Speaks (2018), there is no single cause of autism because there is no one type of autism. There are more than 100 autism risk genes identified, but these are a combination of genetic risk and environmental factors. Evidence of environmental risk factor is in events of before and during birth. It includes advanced parental age in both mother and father, mental illness during pregnancy, extreme prematurity, too much exposure to air pollution, improper medication or use of illegal drugs, and deprivation of oxygen in baby's brain.

The literature below also shows the other outlines of different indicators among students with Autism Spectrum Disorder in terms of language and social communication skills and how Behavior Intervention Plan benefits parents, special education teachers, regular teachers and behavioral therapists.

Language and communication difficulties among students with Autism Spectrum Disorder. Language is a human communication either written or spoken using words structured in a conventional way. It is a formalized code used by people to communicate with each other. There are five (5) Dimensions of Language: phonology, morphology, syntax, semantics, and pragmatics (Heward, 2013). Phonology refers to a sound system of language and structures of syllable and words (Hall, 2013). Morphology is the basic units of meaning and how those units are combined to create words. The syntax is the arrangement of words into a sentence. Semantics refers to the meaning of words and combination of words; while Pragmatics is on how spoken language is used (Hewards, 2013). These dimensions are used by individuals to appropriately describe, say, or express events and ideas.

When children were born, they used different languages to communicate with their parents. Some of these were by means of crying, screaming, moving their body (kicks or wiggles), looking on things they liked or person they wanted, or through body gestures and sounding. They were doing these because they were hungry, happy, requesting for things, responding to a voice, and many more (Kryczka, 2016). Children cannot learn to talk by themselves. Parents and other people surrounding them have great influence on them to communicate with others. A baby may start a conversation by cooing (saying "goo" or "coo") or babbling (saying "bah-bah-bah"). Though parents did not exactly know what the baby wanted to say yet, both parents and baby understood that they were already communicating with each other (Kryczka, 2016).

However, children diagnosed with Autism Spectrum Disorder have difficulty in communication. This is one difficulty that they have, aside from having the social impairment, problems in behavior and interest (Verdick et al, 2012). The impairment is manifested at a

young age when a child does not seems to talk and engage with other people, especially the parents whom the child usually asks for attention (Laake & Compart, 2013). Most people with ASD can talk, although the process of putting the right words to express their wants and say their needs may be difficult on their part. Individuals with ASD may also misunderstand some common expressions people use. For example, students with mild ASD might hear from his/her classmates "Stay in touch" and think that he is asked to touch his/her classmate's body all throughout the class, or continuously touches them physically. But what his/her classmates are trying to say is that to continue having contact or communication to someone even when they are from a distance or apart from each other. Some of them are also good in spelling and reading (Verdick et al, 2012) because their exceptional skills are memorizing, especially if there is a pattern. On the other hand, they have difficulty in making sense in the information or in reading comprehension. It is because the brain function of Autism Spectrum Disorder has trouble doing things at the same time (Sousa, 2009). They can only see a part of a whole in a certain scenario, one at a time. For some instances, a teacher might ask a student with autism to add 1+1 while commanding him as well to stand up and write his/her answers on the board. Before the student can complete all the tasks, he/she needs to sort those instructions step by step and follow each correctly. The brain functions of students with mild autism are doing all those jobs, yet these are not communicating with each other. The message is then lost along the way, so they need to put things back. This is why they need to be given enough time to put information again as a whole. Another communication difficulty among students with mild autism is the use of a pronoun (Laake & Compart, 2013). Instead of saying "I" or "me," students with ASD use the third person. They usually say "Nathan is hungry", rather than "I am hungry."

Wh Questions such as where, what, when, who, why, and how are also difficult part of communication among students with ASD because of the following: (1) They do not realize that you asked a question. Students with ASD are known to have their own world. They are unconscious about their surrounding even to the person talking to them. It is difficult for them to turn the conversation back unless given a prompt. (2) They do not realize you expect them to respond. It is good for them to get their attention prior to the question you will ask. Students with autism have difficulty to respond immediately, so they need time for them to realize that you are waiting for them to answer. (3) They respond with echolalia. This is one common characteristic among children with autism especially when they are starting to communicate with others. They have difficulty with intra-verbal task wherein students with autism need to listen to the question carefully to respond appropriately. When students with mild ASD ask a question, they repeat the whole question or the last word. (4) They do not understand the difference in WH words. This type of students didn't recognize the use and difference of Wh questions from each other. It needs a graphic organizer for them to determine the correct response when answering those questions. (5) They have vocabulary deficits. Most of the students with ASD have limited vocabulary and knowledge to answer Wh questions correctly. Words used in the WH questions might not be usually used by individuals with autism or they have not encountered them yet. (6) They have auditory memory difficulties. Some students with autism have a problem with recalling information because of difficulty in short term memory. It is also a challenge for students with mild ASD to interact in a discussion. Most children with autism have difficulty using a certain language in a conversation. Another thing is that they find it hard to stick to one topic. They usually can alter dialog in two or three turns;

however, when they heard words that catch their interest and attention, the conversation will turn around the topic they like, and the one supposed to be discussed is forgotten.

People with ASD create and use their own distinct language to communicate with others and to themselves as well. One of the common languages that they use is verbal stimulation. Verbal stimulus is "*physical energy capable of affecting an organism's sensory receptors that have a specific form or pattern as a result of verbal behavior*". This is one unique characteristic of Autism Spectrum Disorder wherein words formed are from their favorite televisions shows, sayings from their favorite TV personality and cartoon character. These are rapidly imitated to express themselves, which they alter with appropriate words and phrases they are supposed to say or use. Because of the limited vocabulary and words, it is hard for them to explain things, thoughts, ideas, and even their feelings clearly (Cihon, J., Bedient, Cihon T., 2016). Another way of communication of students with ASD through imitation of words or we also called echolalia. When children with autism start to communicate, one of their ways to say their wants is by imitating words coming from another person they are talking to. For example, the behavioral therapist asks, "What do you want, cookie or juice?" The echolalic student will repeat the whole question or the last word. They usually imitate the words being asked them, but eventually, these words fade if the students are able to express in words what they want and are aware of the environment and about other people.

There are also other professionals who believe that imbalance in nutrition and vitamin deficiency affects the language and communication delays of children with Autism Spectrum Disorder. According to Laake and Compart (2013), the following are the main possible nutritional contributors causing language and communication delay: (1) Food intolerances and opiate-like peptides, (2) Omega 3 deficiency, (3) Excess glutamate and need for GABA

(gamma-aminobutyric acid), (4) Hypomethylation, need for B12, folinic acid, trimethylglycine/dimethylglycine, (5) Need for serotonin support, (6) Vitamin D deficiency, and (7) Need for biotin.

Foods that have proteins, particularly those from milk (casein) and wheat (gluten), if not digested properly, may enter the bloodstream and cross the blood-brain barrier that negatively affects the brain function that contributes to the mood, attention, and behavior. Those incompletely digested protein peptides may cause blockages in neurotransmitter message to the brain, creating opiate-like doping effect from milk, soy, and wheat, and can trigger brain inflammation. Aside from language and communication delay among autism, it also contributes to another difficulty of autism such as poor eye-contact, inattention, irritability, and the increase of self-stimulatory behavior.

Language and behavior. Language socialization plays an important role in becoming part of a cultural community (Ruhela & Tiwari, 2013). This is what they called the greatest invention of all. Language makes people human (Nordquist, 2018). Language and communication is behavior (FCTR, 2017). Scheffilin and Ochs (1986) as cited by Ruhela and Tiwari (2013) define language socialization as a display of covert or overt behavior to a novice that influences their thinking, feeling, and acting. Students with mild autism must learn the language not only how but when to use in a community and to know social meanings behind such linguistic practices.

Autism is from the Greek word "autos" meaning "self". It is establishing own world, creating own language, that nobody understands; but they are the only ones who understand it. They are self-centered and prefer to be alone, and these cause them to impede social interaction with peers and other people (NIDCD, 2018). Languages improve over time; they develop as a

communication tool to help people to socially interact with others. Like in learning, real interaction with the students results in great progress in their language and social communication skills when things are done to enhance those skills through a Behavioral Intervention Plan.

There are two types of how to understand the language: the receptive language and the expressive language. Receptive language is the ability to understand words and language. It gains information through the meaning of routine, information within the environment, sounds and words, concepts such as size, shape, color, number and time, grammar, and written information or direction. For example, Paulo saw a sign "No diving" on the pool where he is in. Paulo understands that he is not allowed to jump and dive in that swimming pool. Receptive language skill is very important in communication. Some students find it difficult to understand simple or series instructions in a school setting and even at home. Education setting has enormous activities that give instruction and direction that they need to follow. However, students with ASD have difficulty in following some directions especially if it is an oral instruction (Deala, 2017). It is challenging for them to access their program or engage in the activities and academic task. This problem may lead to difficulty in attending and listening to language, not paying attention within the group discussion, not the following direction correctly, repeating question and direction again and again, and having low comprehension in reading a story (Thompson, 2016). Other problems may arise if students with ASD have difficulty in receptive language. It could be the attention because they cannot sustain a long effort to make the task done. Behavioral issues may arise like frustration, tantrums, and other disruptive behavior in class or at home. Social skills may be hard for them, for they cannot reciprocate in a conversation due to limited words that they understand; and they are unable to

follow social norms. They also have difficulty in executing high functioning reasoning and thinking abilities; inability to express own thoughts, feelings, desires, and needs towards others; inaccurate registration, interpretation, and response to sensory information in their surroundings and own body; inability to follow multiple sequential activities or task; and poor auditory processing (Kidsense, 2017).

However, there are service providers that improve the receptive language of students with autism such as speech therapy and applied behavior analysis approach that use different strategies and helpful activities. Improving eye-contact helps the child to stay focused, be attentive, and enable them to understand instruction. Simplifying instruction that suits their ability and chucking verbal instruction into apart to avoid confusion aid them to perform better. Physical gesture and facial expression help the students to understand some instructions.

Other students with autism have difficulty in expressive language, defined by Pediatric Therapy Network (2018) as the ability to use, describe, and express words and language by saying desires and needs. This encompasses the verbal and non-verbal communication of the students. It includes facial expressions (smiling face means happy), gestures (thumbs up mean you did a great job), vocabulary (familiar words), semantics (word/sentence meaning), morphology (formation of a word), and syntax (grammar rules).

Most students with autism have deficits in verbal and non-verbal communication that leads to some problems in expressing their wants and needs. Students with difficulty in expressive language might have troubles in labeling objects and items, improper articulation, or interchanging sound like the /p/ to /f/ or vice versa, unable to use the words into sentence according to their age, and they find it hard to look for words suitable to the conversation, or when explaining something, and having trouble retelling a story or writing paragraph and stories

(Kidsense, 2018). The same thing with difficulty in receptive language, inability to express self has corresponding behavioral issues. The students may have poor socialization for they are not able to exchange a conversation with others; have low self-esteem; easy to get frustrated, and have difficulty in social interaction.

According to Reeve (2014), there are several ways to address the behavior by expanding the language of the students with ASD. First on the list is to focus on initiation to help students understand the use of language in performing a conversation. It is important for them to know the basic concepts like getting the attention of a person one intends to talk to; or delivering the message and persisting until the message has been delivered. Of course, vocabulary must expand so that they can use proper and right words in a conversation. More vocabulary makes it easy to interact with others even as the words become more functional. Picture Exchange Communication System (PECS) helps the student not just to memorize the names of the picture but the system within the picture. Since students of ASD are good in remembering images, this is the best way for them to label and name objects. The learned words of the student must integrate into everyday communication through constant practice. Retention of words may become easy when used most of the time. It also increases their social interaction and social communication and lessens behavior problems among students with mild autism.

Social communication. Communication is exchanging of thoughts, ideas, feelings, needs and desires through encoding, decoding and transmitting a message to a receiver (Hewarrd, 2013). It is a social activity that involves another person to perform (Vicker, 2009). Communication skill is vital in social interaction of students with mild autism to build relationship towards their teacher and peers. It benefits them to recognize and express their feelings, to listen with their peers' stories, to share their ideas and desire to everyone, to resolve

social problems, to have friends, and to be a good friend as well (Ruhela & Tiwar, 2013). For the students to use their knowledge in communication, they need to start in a social conversation; however, social conversation is one of the difficulties among students with ASD. According to Frankel and Wood (2011), based on the description of symptoms of the disorder, kids with ASD have a high proportion of classically introverted. However, later in life, teenagers with ASD differ in term of social contact. It appears most of the teens with ASD want to have social interaction. Students on the spectrum have the desire to interact and are potentially capable to understand much the world of socialization.

Most people diagnosed with Autism Spectrum Disorder can talk but find it difficult to express their want and needs due to limited vocabulary and difficulty in understanding words. Students with autism absorb the word literally. For example, an Idiomatic expression like "Break a leg" the real meaning being "Good luck," students with autism take the real meaning of each word as it literally means: "break" his/her leg literally. According to Laake and Compart (2013), the brain of autism is good in decoding; yet the problem is that both parts of the brain do not communicate with each. The brain functions together; however, it may not be working with each other because the message is lost along the way. Their brain tends to focus on the activity or task one at a time.

Verdick et al (2012) showed four basic social skills that students with ASD must have during social interaction. First is using manners. This skill improves the communication at the same time builds self-confidence. Manners are rules that help to understand how to behave and act well in social set up. It gives students a scene on the thing they are going to do on a situation that might happen. Students with ASD are sent to school. Since they are in school, interaction with peers and teachers is inevitable to them that they must learn how to play fair with their

classmates. Play fair is the skill that can create friends among classmates. Students with autism must also learn how to handle conflict and frustration. They are easily frustrated and upset when encountering difficulty in doing the task and when they cannot communicate well. Proper control of their behavior benefits their social interaction and communication. Lastly, doing their share helps to gain a sense of responsibility to self and others. In the United States, individuals with autism have three tools in learning good communication. They use a video camera, a crew group of communication, and the time to practice the language. Most students with ASD bring a camera for them to record event, place, activity, and unfamiliar things. Many of them remember those things easily and are able to understand the situation. They also have a crew group that might help them to increase and improve their social communication skills. Crew group is composed of parents, teachers, speech therapist, occupational therapist, behavior therapist, doctor, and other service providers.

Social communication is more ambiguous than a task-oriented conversation because the goal of the conversation is explicitly unstated and no tangible involvement. It is a challenge for them to initiate or respond to a conversation without visible and concrete outcomes. The goal of social communication is to have enjoyable social interaction, make friends, create long term relationship with others, and boost self-esteem. However, students with ASD think this interaction is unnecessary and not ideal to meet a conversational goal. Most of the social communications have distinct parts that aid them to respond in social conversation. Small talk gives an opportunity to students to be receptive about the possible conversation with their peers and establish equality among them. It is beneficial for students to start social communication if they are familiar with each other before they get down to a conversation and put people at ease. Social conversation is so entertaining but requires the cooperation of both parties.

Enhancement strategies for language, social communication skills, and behavior of students with Autism. Autism Spectrum Disorder is known as a lifelong neurological disorder influenced by both genetic and environmental factors (Hall, 2013). United States is one of the pioneers in terms of giving effective education, intervention, accommodation, and behavioral modification among individuals with ASD. There are many strategies and techniques used by professionals to improve students' needs in language and communication. One of the effective interventions of autism is Applied Behavior Analysis or ABA approach. This program started in the late 1960s when a group of psychologists demonstrated how applied behavior analysis could be effective to reduce self-injurious behaviors with a young child diagnosed with autism (Olive, 2016); and several types of research came upon the effectiveness of this approach especially in improving positive behavior and reducing the negative one (Hall, 2013). ABA was declared as evident-based which is recognized for treating, teaching, and intervening for children with autism (Dixon, Vogel & Tarbox, 2012). This approach is anchored on different theories about behaviorism, much influenced by great psychologists Sigmund Freud, John B. Watson, and Burrhus F. Skinner (LePage & Courey, 2014). There are many methods considered in teaching ABA, such as Early Intensive Behavior Intervention (EIBI), also so known as Lovaas model of ABA; Discrete Trial Training (DTT); Pivotal Response Training (PRT); Incidental Teaching (IT); The Developmental, Individual Differences, Relationship-Based (DIR) Model/ Floortime; and Training and Education of Autistic and Relates Communication Handicapped Children.

Lovaas or Early Intensive Behavior Intervention (EIBI) was introduced by Ole Ivar Lovaas, a Norweigan-American psychologist at UCLA. He is considered to be one of the fathers of ABA. The Lovaas' technique is found effective in reducing inappropriate behavior and

enhancing language-communication skills, social behavior, and learning (LePage & Courey, 2014). Discrete Trial Training is a one-on-one instructional approach where the behavioral therapist carefully organizes, and deliberate monitors antecedent and consequences of the target behavior. It is used to influence the frequency and intensity of the behavior (Rosenberg, Westling & Mcleskey, 2011). Pivotal Response Training is a child-directed model which allows the students with autism to choose what kind of educational interaction is to be given to them, the materials to use, and the timing. Incidental Teaching (IT) is creating an environment which brings up and develops children's interest that motivates them to engage with teachers and other peers. In this approach, the teacher places an object in the environment that can be seen by the student but not within his/her reach. The teacher approaches the student and says the name of the object that is within the student's interest. The teacher expects the student to respond and repeat the word for the student to get the object s/he wants. The teacher uses prompt for the student to be familiar and then the teacher withdraw the prompt if the target goal is already mastered.

The Developmental, Individual Differences, Relationship-Based (DIR) Model/ Floortime is a framework that helps the parents, teachers, and other service providers in developing an intervention program to enhance the emotional, social, and intellectual capacities of Autism Spectrum Disorder. This intervention shows the natural emotions and interest that are essential for the brain to work together and to develop a high level of emotional, social, and intellectual capacities among students (Matson, 2009)

Training and Education of Autistic and Relates Communication Handicapped Children (TEACCH) program was developed by Dr. Eric Schopler and Robert Reichler in the year 1960s, established in North Carolina in 1972, and continuously being used to intervene behavior and

enhance the language of people with ASD. This strategy is to strengthen the visual information processing, improve social communication, attention, and decision making (LePage & Courey, 2014).

Applied Behavior Analysis uses different behavior management strategies to increase the use of language students with autism The most and common strategies used are to repeat the words by students, reinforcement, and shaping. Reinforcement is the process of presenting any reinforcer to mainly increase the language of the students presented prior to the stimulus or the reinforcer. The two types of reinforcement are positive reinforcement and negative reinforcement. Positive reinforcement is adding stimulus whenever word/s is/are properly repeated by the students. For example, a teacher asks the student to say "Good Morning" every time s/he encounters other teachers and school staff in the hall. The teacher gives immediate feedback like "Good job greeting other teachers." By giving praise such as "good job, very good, nice one etc.", the student is encouraged to always greet the personnel in school. On the other hand, the negative reinforcement is removing stimulus to increase the language. For instance, the teacher can remove one task when the student says "Borrow Crayons" the whole period. Another way to improve the use of the language of the student with ASD is Shaping. This is one way of breaking a task and immediately reinforcing the behavior until it is established. For example, the therapist asks the student to first sound /m/, followed by saying “ma”, and lastly, asking to say and repeat “ma” to establish in saying the word “mama” to name her mother (LePage & Courey, 2014).

A strategy that shows another favorable outcome in enhancing the social communication and the language skills of the student with autism is the Verbal Behavior Approach by psychologist B. F. Skinner in 1957 to improve the expression of an individual with autism (Hall,

2013). Skinner believes that "language" is reinforced by the social community and can directly shape the behavior of its member to verbalize effectively (de Lourdes R da F Passos, 2012).In his analysis of language, he emphasizes four different units that are connected to each other. These are the behavior, motivation, discrimination of variables, and consequences (Matson, 2009) Similar to ABA, the Verbal Behavior or VB approach also uses ways to improve the language and social communication skills of the students with autism by providing immediate consequence of the behavior shown and/or response of the student in the given stimuli such as reinforcement, fading, and many more which are similar as those discussed earlier. Verbal Behavior teaches a child, adolescent, and adult in communicating using the learned language with the use of principles in Applied Behavior Analysis or ABA. It not only focuses on the words as merely label, rather uses the language by requesting and sharing some ideas and thought. The verbal behavior approach therapy focuses on four-word types such as *mand, tact, echoic, and intraverbal.*

The first step in helping the students to communicate is by saying their needs and wants. The word *mand* originates from the word command when students request things they want or need. For example, saying the word "Car" to a request for the toy. In the word *tact,* a student says a word to draw attention or share some ideas like "Dog". The student points to a dog while walking in the park. In the verbal behavior approach, the term *echoic* means repeating a word or phrase like when the therapist says "want to eat?" The student repeats the phrase "want to eat". Imitation is important in learning among students with ASD. Lastly, intraverbal means word/s used to respond to or answer a question. For example, when the therapist asks "Who is your teacher?" The students with ASD respond "Mrs. Anderson".

On the other hand, Students with autism are also known for social impairment, in which they take a longer time to learn social skills as compared to regular students. Social skill can help students to make a friend, learn different hobbies, solve an analytical problem, and deal with peers and others. There are different intervention approaches used to enhance the social communication of students with autism. These are Role Playing, Video- Modelling, Practicing Play, Social Stories, Visual Prompt, and Social Skills Training.

Role-playing is used to help students with autism learn and practice things they need to do with other students and others. This way of teaching helps the students to think of problem-solving and use the right words when communicating with others. For Example, a mother and a child with autism are playing a tea party. The mother gives the child a cup of tea and asks to say "Thank you." The child immediately says "thank you" after receiving the cup of tea. In video modeling, a therapist uses video to teach social skills. For example, the student has difficulty in going to a barbershop for a haircut. The therapist can show a video on how the barbershop looks like, how the barber cuts hair, and what materials are used. Then after showing a video, they can do a pretend play on hair cutting with a barbershop toy kit. Practice play skills help the student to act out in a scene with the use of toys. Playing games also helps the students to practice social communication skills like saying “my turn” and “your turn” in taking turn games, “congratulations” when losing, or even saying “nice playing with you.” Prompting the students to say those words helps them to learn more language and good communication with others. The students reinforce the act and utter words by giving verbal praise such as “Good”, saying “Congratulations” or “Very good taking turns.”

Social Stories is used to explain some social rules of students with autism. This is a type of stories that help the child to understand an event and the things they must do when that

situation happens. For example, Teacher Jess wants her student with ASD to improve eye-contact with peers, so she decides to explain the importance of looking on eyes when talking to others. The visual prompt uses pictures, words, checklist, and prompt cards to teach the child new learning skills or help remember social skills. For instance, a student with ASD can be taught using a picture of the sequence in preparing dinner. Lastly, social skill training helps the students to organize things. Professionals in this field help the students with the use of different kinds of programs that improve their emotional aspect and social interaction.

Based on the strategies aforementioned, educators use behavioral modifications to control behaviors so the students would be able to perform well in the created environment of learning. Behavior, either positive or negative, can affect students' performance. There are methods of increasing appropriate behavior. The first method is by using reinforcement done by adding something to increase a response (such as giving a happy stamp to a student after finishing seatwork) or by removing something in order to increase a response (such as canceling a quiz if students turn in all of their homework for the week). By removing the aversive stimulus (the quiz), the teacher hopes to increase the desired behavior (completing all homework) to occur (Cherry, 2019). Another strategy to increase behavior is shaping, the gradual molding or training of an organism to perform the behavior by reinforcing any responses that are similar to the desired response. For example, a teacher asks the non-verbal student to say "mama", yet it says "ah". The teacher may reward the student by producing sounds and they will do it again until the student is able to produce the word "mama."

There are also strategies to reduce negative behavior. These are contingency contracting, extinction, response cost, time-out, and punishment. Contingency contracting is a written or verbal agreement between the student and teacher or parent by letting the student do or get

his/her wants as long as he/she is able to follow all the conditions agreed upon by both parties. For example, the students with autism can play with the car when done with the task. Another reducing strategy is extinction, done by ignoring the undesirable behavior like attention seeking; yet, this kind of strategy is not effective for intrinsically reinforcing (daydreaming, verbal stimulatory) and physical aggression or self-injury or hurting others. Response Cost is systematic removal of reinforcers, sometimes in the form of tokens, points, money or checks marks, contingent on the inappropriate behavior. Time-out is removing the student in a reinforcing setting. For example, the student not following rules in a game is removed because of the undesirable behavior shown. Finally, the most common strategy to reduce undesirable behavior is punishment. Punishment is to weaken or eliminate a response rather than increase it. It is an aversive event that decreases the behavior.

Punishment has two types. The first one is positive punishment, by presenting negative consequence after an undesired behavior is exhibited to make the behavior less likely to happen in the future. For example, a student with autism keeps on standing during the class discussion so the teacher let the student stand until the end of class discussion. Negative punishment is when the desired item is removed after an undesired behavior is exhibited. For example, if the student does not follow direction, he/she loses a token for good behavior that can later be cashed in for a prize. Though this modification strategy the least used to change the behavior of the students with ASD (LePage & Courey, 2014).

These strategies may become a foundation to improve the attention or focus of students with ASD to enhance their language and social communication. Lovaas (1987) states that early intervention of behavior can help achieve normal intellectual functioning among students, resulting in positive outcomes later in life (Matson, 2009).

Behavior Intervention Plan for Autism Spectrum Disorder. Individualize Disabilities Education act of 2004 Section 300, 530 mandates the implementation of Behavior Intervention Plan (BIP) that focuses on forms and training protocols to facilitate the process of creation of a behavioral support plan among students with special needs. Special education teachers, school psychologists, and specialists in autism are the primary target for education and training in this area. Behavior Intervention Plan requires at the time that the students show (1) a pattern of behavior that impedes the learning of his/her own and peers; and (2) occurrence of behavior need to change or remove (Hall, 2013).

Behavior intervention plan (BIP) must have clear target behavior to address generalization about the cause of existing behavior. Any information from BIP is not enough to say that it can be modified, but implementers of BIP must be skilled to intervene in the behavior of students with autism. According to Hall (2013), implementers must have skills in using applied behavior analysis. Behavior is the most common problems encountered by educators and other help providers. In a long history of studying behavior, behaviorist like Skinner believed that behavior can be changed either in positive or negative with the use of reinforcement, extinction, and punishment. This theory is already applied in a school setting wherein reinforcing condition and consequences were used to improve student's behavior.

Behavioral Intervention Plan has to be appropriate to the needs of the students, especially on the target behavior. Students will respond positively if the BIP is highly structured to meet their need (Mundy & Mastergeorge, 2012). Each student has their unique abilities and skills that can be used to intervene the behavior at the same time enhance their language and social communication. BIP includes the explanation of expected behavior, provides student's behavioral structures, routines, and consistency of target behavior to change. It also has

behavioral strategies: antecedent Interventions, replacement behaviors, and consequence interventions (Webster, 2016).

Theoretical Framework

Language and Social Communication skills are some of the factors affecting the behavior of students with mild Autism Spectrum Disorder because these are ways to interconnect with others. Parents, teachers, and other service providers have enormous responsibility also to change the behavior for its improvement. Increasing desirable behavior is one of the most significant issues in handling students with autism, where teachers around the world are still looking for the best intervention techniques to handle different undesirable behaviors by replacing them in the most desirable way. Effective behavior intervention plan may improve delay in areas of development of autism in terms of language and social communication.

This study is anchored on the theory of Operant Conditioning by Burrhus F. Skinner which states that learning occurs through rewards and punishment. Behavior is associated with the consequence (Cherry, 2019). According to Hall (2013), individuals with good communication and social skills are less likely to use inappropriate behaviors in communicating the things they need. Some students with mild Autism Spectrum Disorder communicate their wants and needs through inappropriate manner due to scarcity in areas of language and social communication skills. In the principle of Operant Conditioning Theory, creating a motivational environment for students with ASD builds personal desire to engage in a task because of the reinforcement. The best way to prevent inappropriate behavior is to create an environment that provides a high level of engagement among students with ASD (Gang, 2011). Reinforcement

as an evident application of Operant Conditioning changes and replaces different kinds of behaviors among students with ASD (Danocup, 2010). The previous researches showed the good result of Skinner's theory in modifying the behavior of humans, as widely used in society most especially in the educational field.

Verbal Behavior Intervention is an accepted evidence-based treatment for communication deficit among students with ASD (Jhonson, Kohler & Ross, 2016). Skinner laid emphasis on the function of language rather than the language itself. He focused on the meaning of the words and how the students might use them in a very functional way to communicate them others. Skinner gave a verbal part of language namely: mand (requesting), tact (labeling), echoics (vocal imitation), and intraverbal (conversational skills) (Matson, 2009). For example, a teacher showed a piece of cookie (stimulus), then an ASD student says the word cookie as he/she requests to have some cookies to eat (mand). The teacher gives the cookie immediately to the student for saying the target word (which is a cookie). So every time the student says "cookie," the teacher gives it to show the function of the word. The students are taught to use the learned language in a functional way by saying their request and immediately giving their demand to reinforce or repeat that kind of behavior. Through reinforcing the students' behavior (saying his/her needs), such may reoccur to gain improvement in their language and social communication. Another evident positive result of Operant conditioning is used in one of the effective intervention techniques that improve the behavior of students with ASD is Applied Behavior Analysis or commonly known as ABA, designed to individually improve the understanding of human behavior. It is commonly used for students with autism, yet this technique also applies to other disabilities such as ADHD, Down Syndrome, among others (Ancheta, 2011). It carefully determines the current skills and behavior deficit of the students

in the context of their environment (Heward, 2013). As mentioned in literature, Applied Behavior Analysis uses many types of instruction or format depending on the needs of the students with ASD. Positive strategies are most likely used and reinforcers (i.e. food, toys or playing with others as natural occurring consequences) are systematically delivered to increase the positive behavior of the students. For example, the teacher wants to improve the social skill of the ASD student, indeed, teachers can use interaction with other students as a reinforcer if the student uses social phrases like thank you, welcome, and excuse me.

From the two common approaches in improving behavior, reinforcement is the same strategies utilized to repeat the desirable behavior. Reinforcement has two types --the positive reinforcement and the negative reinforcement. The positive reinforcement is the "*contingent presentation of a stimulus (such as food) following the display of target behavior resulting to an increase or strengthening of the frequency, duration, and intensity of the target behavior* (Danocup, 2010, p 145). For instance, to strengthen the social communication of Johnny, he receives a cookie every time he says the word “cookie.” Johnny received what he wants every time he tells what he needs. Negative reinforcement is the *contingent removal of a stimulus following a target behavior in order to strengthen a behavior or make it likely to occur again* (Danocup, 2010, p 145). For example, Anna would not sit on her red chair because she is afraid of the color red. The red chair is removed (aversive behavior) and changed with another color for her to sit down.

Social communication and interaction develop students' behavior which represents their developmental capabilities to understand social relationship towards peers and adult. People surrounding students with ASD such as parents, teachers, and therapists are responsible for learning the language and social communication skills of the students. The best result of

improving the language and social communication skills is when interaction happens (Henschel, 2012). Involvement of teachers, parents, therapists and peers on the social development of the students result in positive socially-developed students who are satisfied and competent individuals in the community where they belong (Blazevic, 2016). Failure to develop their social leading to miserable result as they may unable to reach their full potentials in life.

Social communication plays a vital role in the development of cognition of the students, and theories emphasize the influence of the environment and the nature of interaction taking place. Social communication deficit as one of the perceptible characteristics of students with ASD must be addressed through social interaction. Students with mild Autism Spectrum Disorder understand, to a certain extent, the essence of using language and social communication skills through the collaboration of parents, teachers, and behavioral therapists. (NIDCD, 2018)

Skinner's operant conditioning theory contributed much to the current study that the researcher became aware of things that influenced the behavior of students with ASD. Such understanding helps to develop a Behavior Intervention Plan that aims to enhance their language and social communication skills. It is necessary to focus on the application of this theory to this present study and most importantly in preparing the Behavioral Intervention Plan.

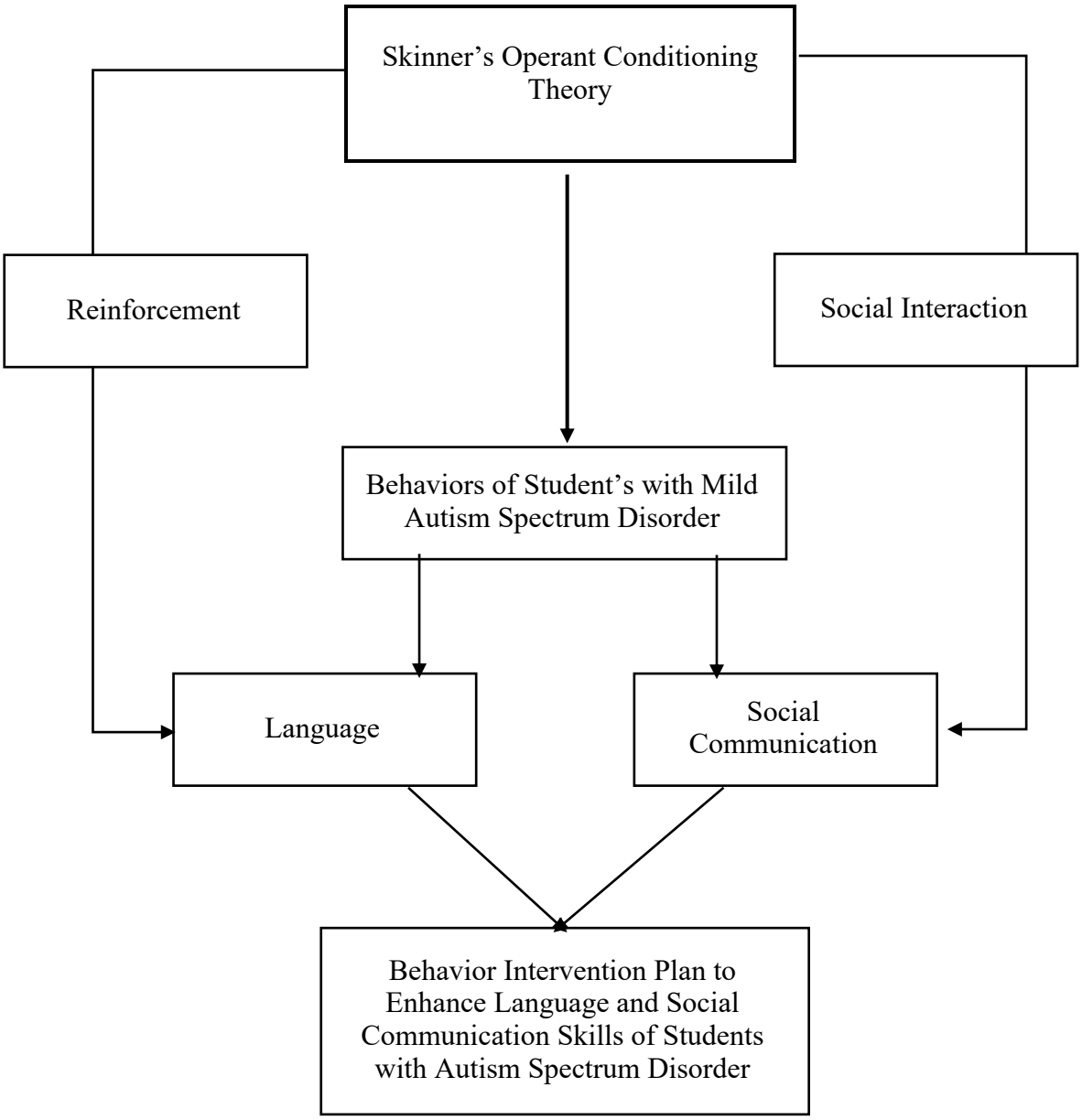

Figure 1: Research paradigm to develop Behavior Intervention Plan

Statement of Purpose

The purpose of the study was to develop a behavior intervention plan for students with mild Autism Spectrum Disorder. It sought to attain the following objectives:

1.Describe the behavior of students with mild Autism Spectrum Disorder in the areas of language and social communication skills;

2.Develop a Behavior Intervention Plan to enhance their language and social-communication skills; and

3.Try out and finalize the Behavior Intervention Plan.

Scope and Delimitation

The Behavior Intervention Plan focused on enhancing the language and social communication skills of students with mild Autism Spectrum Disorder. This study involved twenty (20) subjects limited to five (5) parents, two (2) regular teachers, three (3) special education teachers, and ten (10) behavioral therapists in three institutions around Quezon City that described the behavior of the students with mild autism based on the aforementioned areas. Then ten out of the twenty respondents tried out the plan. The content of the Behavior Intervention Plan was validated by three experts in Psychology and Special Education.

Significance of the Study

The result of this study would be beneficial to the following:

Future Researcher. This study may be used as a reference for conducting new research. This research will serve as a cross-reference that will give background idea about the Behavior Intervention Plan and on how it helps to enhance the language and social communication skills of students with autism.

Department of Education. This study serves as a future reference in developing a Behavior Intervention Plan to enhance the language and social communication skills of students with autism. Moreover, the institution may use this idea as an additional tool to prepare material that will benefit students with autism and other exceptional learners.

Special Education teachers and Regular teachers. This study may be utilized as a teaching guide to implementing the Behavior Intervention plan in their classroom.

Behavior Therapists. This study may learn to employ different strategies that can be applied in school settings.

Parents of students with ASD. This study may give ideas on how to manage and improve the behavior of their child.

Students with Autism. This research may be used to improve behavior through enhancement of their language and social communication skills for better interaction.

Definition of Terms

The following terms were defined to give further explanation and for a better understanding of the present study.

*Autism Spectrum Disorder (ASD).*It refers to a disorder characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication, and repetitive behavior.

Behavior. It refers to the response of students with mild Autism Spectrum Disorder to the given stimulus.

Behavior Intervention Plan. It refers to the developed Behavioral Intervention Plan (BIP) designed for students with mild ASD which can be used by regular and special education teachers, parents, and behavior therapists.

Enhancement. It refers to the improvement of the language and social communication of students with Autism Spectrum Disorder using BIP.

Implementors. It refers to parents, regular and special education teachers and behavior therapist who implemented the Behavior Intervention Plan.

Language skills. It is the target skill to be enhanced in this study.

Language and Social Communication Assessment for ASD Checklist. It is an adapted instrument used by the researcher to students with ASD.

Social Communication Skills. It refers to the application of learned language to communicate with other people.

Student. In this study, it refers to students with mild Autism Spectrum Disorder.

Target behavior. It refers to the student's behavior that is intended to change.

Chapter 2

METHODS

Research Design

This study utilized the descriptive-developmental approach. According to Hale (2018), descriptive research is a method to describe a situation rather than to make a prediction and to determine the cause and effect of the phenomenon while observed behavior may be a basis to develop an intervention plan.

In connection, this study used descriptive because the researcher's main concern is to describe the nature, condition, and present behavior of students with mild ASD in terms of language and social communication skills from the view of parents, regular teachers, special education teachers, and behavior therapists. Through this method, the researcher described the existing language and social communication which is essential to view or picture the phenomenon on the needs of the students with autism (Fraenkel & Wallen, 2007 as cited by Dela Cruz, 2018). The researcher used the data yielded from the behavior description to develop a Behavior Intervention Plan for enhancing said skills. This descriptive approach is one research design which is practical in terms of financial aspect (Dela Cruz, 2018). This is also advantageous due to its flexibility that can be utilized in qualitative, quantitative, or both studies.

In addition, the developmental design was also used. Based on the gathered data, the researcher designed a behavior intervention program to enhance the language the social communication skills of students with mild Autism Spectrum Disorder. It gave the opportunity to the researcher to directly inquire about the prescriptive needs of the practitioners. This study

adapted an Instructional System Design model consisting of the assessment phase, development phase, try out, and finalization (Dela Cruz, 2018). The instructional design also used in this study was derived from Instructional Development Learning system of Peter J. Esseff and Mary Sullivan Esseff in 1970 from their book entitled IDLS-Pro Trainer 1: "How to design, develop and validate instructional materials (Syatriana, Huasin, & Jabul, 2013)." The researcher first assessed the language and social communication of students with a Language and Social Communication Skills Assessment for ASD Checklist. The results were used to develop a Behavior Intervention Plan which was validated by the experts. The results of the tried out were utilized for finalization of Behavior Intervention.

Research Locale

This study was conducted at School A, School B, and Center A which are all found in Quezon City. These were selected for the development and implementation of the Behavior Intervention Plan for students with ASD. These schools and center are all handling students with mild autism.

School A was founded in 1923. A philanthropist, Don Tomas Susano Sr. donated 12,000 hectares of land to the school. School A is one of the schools in Quezon City offering special education class for students with intellectual disability, autism, visually impaired, hearing impaired, and other types of disabilities. This school is a special education center because of the various disability cases that they cater to.

School B is also offering a special education class. This school caters students with intellectual disabilities, students with a hearing problem and students with mild ASD.

Center C is located at Brgy. Lagro, Quezon City. It was founded in 2011. This therapy center offers ABA therapy, occupational therapy, speech therapy, life skills, and a small group

for children with special needs. Over the years, this institution has expanded its services in San Jose Del Monte, Bulacan to serve more students with autism and other disabilities.

Sampling and Participants

The researcher used a purposive sampling method in selecting participants in this study according to the criteria set by the researcher. The participants composed of twenty individuals that are related to or have personal encounter to students with ASD respondents were five (5) parents of children with mild ASD, three (3) special education teachers, two (2) regular teachers handling students with mild ASD, and ten (10) behavior therapists from different schools and therapy center in Quezon City both in private and public schools. Regardless of their gender, participants were included as long as they met the criteria set. The research locales were chosen because of the suitability in this study wherein all of the locales have direct contact and cater to students with mild autism. The researcher also considered the place since the location of those chosen research locales were near her workplace.

The researcher gave an informed consent form to all the participants and to administrators of the research locales to inform them regarding the nature of this study and their contribution to this research. All the respondents were assured that all their information and the data gathered would be highly confidential for the sake of both parties. All the information regarding objectives, participation, discomfort, the benefit of the respondents, and their research locale were stated in the informed consent form given to them before they were involved in this study. The researcher provided a simple token such as bread, drinks and other snacks every session to all the participants and other persons involved in the study. The researcher did not monetary token but a simple token of appreciation for their time and effort

to contribute to this research was given. Research subjects were informed that they could withdraw their participation in this study without a negative effect on their relationship. The prior information gathered were given back to them, and they were instructed to destroy to ensure safety and data protection.

After assessing the behavior of students with mild autism in the areas of language and social communication skills, respondents implemented the Behavior Intervention Plan for students with ASD prepared by the researcher to enhance the aforementioned areas. The implementers such as teachers, behavioral therapists, and parents were not imposed to implement the said plan; yet they ran it based on their availability in time and place to avoid discomfort on their part. The results of the data were used to finalize the Behavior Intervention Plan.

Research Instruments

The researcher used three (3)instruments to collect all the data for this study.

In order to find out the behavior characteristics of students with mild autism in the areas of language and social communication skills, the researcher gathered literature to create the first instrument. Language and Social Communication Skills Assessment for Students with ASD was used to describe the behavior. The researcher adapted Vicker's (2009) ASD language and social communication characteristics because it is suitable for the current study. It has fifteen indicators in each areas of development. The checklist has four descriptions namely always observed, sometimes observe, rarely observed and not observed. The assessment checklist result was used by the researcher to develop a Behavior Intervention Plan for students with a mild autism spectrum disorder. The researcher asked professional help from experts in the field: Validator A is a resource specialist and special education teacher based in

California; Validator B is a Ph.D. in Psychology and Registered Psychologist, and Validator C is a Clinical Psychologist. Validators B and C are professors in Our Lady of Fatima University Graduate School.

The researcher developed the Behavior Intervention Plan that was validated by experts to see if the plan was suitable for students with mild ASD. The Expert's Content Validation Checklist was approved by the adviser, and it was given to the experts based on the set criteria. The experts checked and validated the content using these four descriptions: Excellent, Good, Fair, and Poor.

Lastly, for the finalization of BIP, the participant's validation checklist was given to parents, regular teachers, special education teachers and behavior therapists who implemented the Behavior Intervention Plan. The comments and suggestions were also used. Appreciation and incentives were given to all the respondents and to all the students who diligently participated in this study. Professional fees were also given to the validators of the instruments and of the content of the Behavior Intervention Plan.

Procedures on Data Collection

Identification of the participants. The researcher used a purposive sampling method to find respondents based on the criteria set by the study. The researcher decided to select 20 respondents that have personal encounter and direct contact with students diagnosed with mild Autism Spectrum Disorder. The researcher also chose students with mild autism because most of them are able to speak and say words.

The participants composed of three (3) special education teachers, two (2) regular teachers, five (5) parents, and ten (10) behavior therapists will describe the behavior. The participants came from different institutions in Quezon City. Selected parents, special

education teachers, regular teachers, and therapists were given first an informed consent form(please refer to Appendix E). The letter included the purpose of the study, procedure, potential risk and discomfort, potential benefits to the subject and society, confidentiality of the information, compensation, and conflict of interest. The informed consent form was distributed to all the participants after the approval of request letters to conduct research in schools and center (please refer to Appendix F). The researcher discussed all their participation in this study including all the statement indicated on the informed consent form.

After selecting the participants and research locale, the researcher asked for an approval of the institutions and local government such as Department Education particularly in Division of Quezon City since the participants came from public schools to conduct a research and give an informed consent letter to the schools and participants to ensure the safety and security of all the parties involved and to avoid conflict in relation to the result of the study.

Analysis of data. The researcher has four phases in collecting a data.

Assessment phase. After the agreement of the participants, the researcher began to describe the behavior of students with Autism Spectrum Disorder. The researcher use Language and Social Communication Skills Assessment for Students with ASD wherein each area have fifteen indicators of behavior that can be observed to the student with mild Autism Spectrum Disorder. The participants were asked to check the behavior that can be seen to their students with mild ASD. The researcher asked the ten participants on what they want to target student behavior based on the noticeable indicators in the BIP. Each participant gave a target behavior that they want to replace using the strategies suggested in the Behavior Intervention Plan for two weeks.

Development phase. The result of the assessment was employed to develop a Behavior Intervention Plan. To determine the behavior of the student with mild ASD in terms of language and social communication skills, the researcher used percentage and computed its weighted mean to determine the behavior that will be placed in the proposed Behavior Intervention Plan. For the assurance of suitability of the content, the researcher asked the experts to validate the content using the researcher-made Expert's Validation Checklist. The experts may score the content using the following qualitative description together with its numeric value: Expert (4), Good (3), Fair (2) and Poor (1). Overall, there are 30 indicators (15 in language and 15 in social communication) included in the Behavior Intervention Plan.

Try-out phase. The proposed Behavior Intervention Plan was tried out by the 10 participants (3 parents, 3 special education teachers, 2 regular teachers, and 2 behavior therapists) to students with mild ASD for two weeks. Each participant received a copy of a Behavior Intervention Plan suited to the needs of the students. The researcher used pseudonym or code to protect the personal information of the participants and the students The researcher instructed and explained to all the participants on how to use the Behavior Intervention Plan using the strategies indicated there. Based on the results of the assessment, students have one target behavior in each indicator that the parents, special education teachers, regular teachers and behavior therapist see needs enhancement. The participants were personally tried out the BIP at school and to their home. For fast improvement on students' behavior, language and social communications skills, the researcher asked the other parent, teacher and therapists cooperation on target behavior.

The researcher followed up the progress of the students with mild autism from time to time, texted and called the participants, visited personally the students and the implementors

and check if there is a problem during the try-out. Materials, reinforcement and other needed tools of the implementors were given by the researcher. Tally sheets were also given to all the participants to constantly checked and monitored the try-out of the Behavior Intervention Plan.

Finalization. After the try-out of the Behavior Intervention Plan, participants were given a validation checklist to determine the suitability and effectiveness of the plan to their students. The results of the gathered data were finalized by the researcher. The researcher also notified all the participants on the finding of the study for their personal references and for the benefit of their institution. Figure 2 shows the methods in collecting the data for the development of the Behavior Intervention Plan.

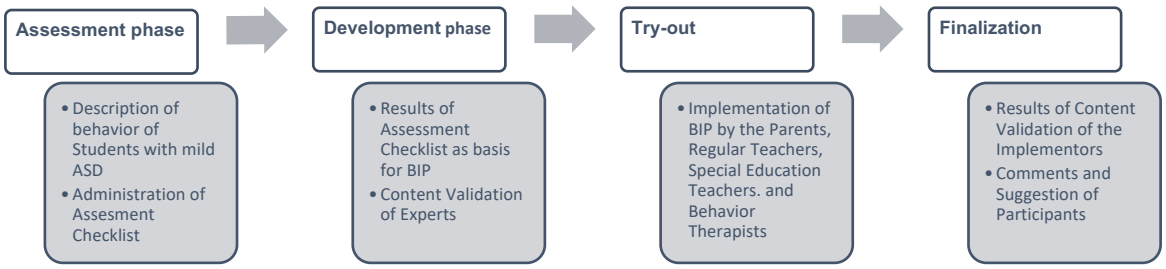

Figure 2. Instructional System Design Model

Statistical Treatment

This study used percentage and weighted mean to interpret the collected data.

All the data gathered were tabulated and computed for frequency. Percentage of all the frequency scores were made per indicator. On the other hand, the computed weighted mean was analyzed and interpreted based on the qualitative description guidelines made. The instrument was a Likert Scale by Renis Likert in 1932 since the attitude/observation of the person in particular behavior was intended to be rated (Bluman, 2012). This research just used

four choices to get the exact rating on certain questions. Four (4) was the highest rate and one (1) was the lowest.

For its range, the researcher subtracted the highest score from the smallest then divided by the number of choices (Bluman, 2012). In this case, the researcher subtracted four (as the highest score) to one as the lowest score then divided to four since this research used four choices (i.e. 4-1/4). The interpretation of data is shown in Table 1.

Table 1

Interpretation for Observed Behavior in terms of Language and Social Communication Skills

Arbitrary Score	Numeric Value	Qualitative Description	Abbreviation
4	3.26-4.00	Always Observed	AO
3	2.51-3.25	Sometimes Observed	SO
2	1.76-2.50	Rarely Observed	RO
1	1.00-1.75	Not Observed	NO

Table 1 shows the interpretation of the observable behaviors of students with autism in terms of language and social communication. Parents, special education teachers, regular teachers, and behavior therapists identified the observable behavior of the students using the qualitative description on the checklist provided by the researcher. Each qualitative description has a corresponding arbitrary score to measure its quantity.

The arbitrary score has four choices only, with 4 as the highest score and 1 as the lowest score. The range of the numeric value was computed according to Bluman on how to group a

distribution. The highest value is subtracted to the lowest value and divided to the desired number of class. In this case, 4 is the highest value and 1 is the lowest rating The total score which is 3 was divided to 4 as the desired class size. The researcher got .75 and chose the lowest rate to add the identified value. Using the computed value, qualitative description and abbreviation were set by the researcher to describe the behavior of the students with mild autism.

Table 2

Interpretation for Expert's Validation Checklist

Arbitrary Score	Numeric Value	Qualitative Description	Abbreviation
4	3.26-4.00	Excellent	E
3	2.51-3.25	Good	G
2	1.76-2.50	Fair	F
1	1.00-1.75	Poor	P

Experts were given a validation checklist to determine the efficiency of the Behavior Intervention Plan implemented by the participants for two weeks. The interpretation of the data is shown in Table 2. Arbitrary Score, Numeric Value, Qualitative Description, and Abbreviation are also included on the table.

Excellent, Good, Fair, and Poor was chosen to be the qualitative description of the content of the Behavior Intervention Plan. The experts validated the points in each category to determine if the plan would help the students to enhance the language and social

communication skills at the same time to intervene in the behavior. The numeric values in Table 2 are also the same as that shown in Table 1.

Table 3

Interpretation for Participant's Validation Checklist

Arbitrary Score	Numeric Value	Qualitative Description	Abbreviation
4	3.26-4.00	Strongly Agree	SA
3	2.51-3.25	Agree	A
2	1.76-2.50	Disagree	D
1	1.00-1.75	Strongly Disagree	SD

Table 3 explains how to determine the qualitative value of the data based on the rating given by the parents, regular teachers, special education teachers, and behavior therapists. Participants rated the content of the Behavior Intervention Plan based on the criteria set by the researcher. The highest score that the validators can give is 4 with a description of Strongly Agree. This means that BIP followed the standard and its purpose. The lowest score that the participants can give is 1, meaning that the BIP poorly follows the objectives set by the researcher

Ethical Consideration

One utmost concern was the high integrity in providing accurate information from the respondents. Thus, the guidelines in conducting research were followed according to the legal and ethical standards of Philippine Normal University under the Educational Policy Research and Development Center Office.

Appropriate consent from the respondents and administrators of research locale was sought to assure that the usage of their data is highly confidential. Secrecy of the responses was maintained strictly to ensure the privacy of their personal information and views in this study. The students' and respondents' identity was not revealed for privacy and protection purposes. No financial interest to the respondents was given, and there was no intention to compromise the finding of this research for personal gain.

Chapter 3

Presentation, Analysis and Interpretation of data

1. Describe the behavior of students with mild Autism Spectrum Disorder in the areas of language and social communication skills

The first objective of this research is to determine the behaviors of students with Autism Spectrum Disorder in terms of language and social communication. The assessment checklists were given to twenty (20) respondents, comprising ten (10) behavior therapists, five (5) parents, three (3) special education teachers, and two (2) regular teachers. The participants had a personal encounter with students diagnosed with ASD. Parents, Regular Teachers, Special Education Teachers, and Behavior Therapists rated the behaviors of their students with autism which were indicated on the checklists given to them. The participants chose only one among the four choices namely: 4=Always Observed, 3= Sometimes Observed, 2=Rarely Observed, and 1=Not Observed, with a corresponding equivalent scale that determined its weighted mean and interpretation as indicated earlier.

Table four (4) shows the frequency and percentage distribution of the respondents on students' behavior in the areas of language. The first area lists fifteen language behaviors of students with mild Autism Spectrum Disorder.

Table 4

Frequency and Percentage Distribution of the Responses on Behavior of Students with Mild Autism in terms of Language

Behavior	AO (4)		SO (3)		RO (2)		NO (1)	
	f	%	f	%	f	%	f	%
1. Appear to have a poor vocabulary use to exchange ideas towards others	8	40	10	50	2	10	0	0
2. Struggle to say word/s correctly that others change the correct meaning	6	30	10	50	4	20	0	0
3. Have difficulty to request needs and desires because of poor vocabulary	9	45	5	25	3	15	3	15
4. Hard to choose the appropriate words that fit a sentence	10	50	6	30	4	20	0	0
5. Appear to respond to suggestions, directions, or information in a very literal manner	12	60	4	20	4	20	0	0
6. Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from a conversation, text, TV programs, and movies	16	80	4	20	0	0	0	0
7. Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How	13	65	5	25	1	5	1	5
8. Difficulty in comprehending more complex sentences	17	85	1	5	2	10	0	0
9. Hard to put thoughts into word/s or sentence/s	11	55	7	35	2	10	0	0
10. Experience problems in reading comprehension due to oral language difficulty	8	40	7	35	5	25	0	0
11. Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next	13	65	4	20	3	15	0	0
12. Difficulty to arrange a jumbled sentence	9	45	5	25	5	25	1	5
13. Alter the meaning of a word	6	30	10	50	3	15	1	5
14. Always use the third person instead of "I" in telling something about self	6	30	6	30	7	35	1	5
15. Unable to comprehend instruction and conversation because of limited vocabulary	6	30	6	30	8	40	0	0
TOTAL	150	50	90	30	53	18	7	2

Note: Separate assessment of participants are in Appendices I-L

Based on Table 4, most of the respondents answered **Always Observed (AO)** which got a **150** frequency or **50%** of its total score. On the other hand, few respondents answered not observable which got **7 or 2 %** of the total score of distribution. It means that all the indicators in the questionnaire given to respondents are highly manifested and can be seen in most of the students with mild autism in the areas of language. Delayed acquisition of language is one sign of a student with Autism Spectrum Disorder, and this also impedes their interaction with others (Deala, 2017). Language problem is interconnected to the challenging behavior shown by the students. Students with ASD feel frustrated to make their needs, feeling and ideas known which show through vocal outburst or other unwanted behavior (NIDCD, 2018).Struggle to tell their needs, desires and wants cause them to do another language (behavior) for them to understand and be understood. Limited vocabulary, articulation problem, short attention, and unable to comprehend instructions are some of the behaviors observed in their language. Undeniably, these need to be addressed to have successful communication.

Educating students with Autism Spectrum Disorder and other disabilities requires attention to their language (LePage & Courey, 2014) because language helps them to learn complete communication skills too (Milne, 2018). As a result, it will be easy for students with ASD to know and learn other skills as they acquire all the language skills.

Table 5

Computed Weighted Mean in the Area of Language

Behavior	AO (4)	SO (3)	RO (2)	NO (1)	wm	Interpretation
1. Appear to have a poor vocabulary use to exchange ideas towards other	32	30	4	0	3.30	AO
2. Struggle to say word/s correctly that others change the correct meaning	24	30	8	0	3.10	SO
3. Have difficulty to request needs and desires because of poor vocabulary	36	15	6	3	3.00	SO
4. Hard to choose the appropriate words that fit a sentence	40	18	8	0	3.30	AO
5. Appear to respond to suggestions, directions, or information in a very literal manner	48	12	8	0	3.40	AO
6. Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from the conversation, text, TV programs, and movies	64	12	0	0	3.80	AO
7. Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How	52	15	2	1	3.50	AO
8. Difficulty to comprehend more complex sentences	68	3	4	0	3.75	AO
9. Hard to put thoughts into word/s or sentence/s	44	21	4	0	3.45	AO
10. Experience problems in reading comprehension due to oral language difficulty	32	21	10	0	3.15	SO
11. Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next	52	12	6	0	3.50	AO
12. Difficulty to arrange a jumbled sentence	36	15	10	1	3.10	SO
13. Alter the meaning of a word	24	30	6	1	3.05	SO
14. Always use the third person instead of "I" in telling something about self	24	18	14	1	2.85	SO
15. Unable to comprehend instruction and conversation because of limited vocabulary	24	18	16	0	2.90	SO
TOTAL					3.28	AO

Note: Separate assessment of participants are in Appendices I-L

Table 5 shows the computed weighted mean in the area of language. In this case, the researcher computed all the weighted mean scores in each indicator using the formula stated earlier. The researcher set a numeric value to determine its qualitative description. The range of numeric value in this study was computed based on the set computation of Bluman (2012). **8 out of 15** indicators got a **3.26 score and above,** interpreted as **Always Observed,** which complimented the data shown in Table 5. On the other hand, 7 indicators fell under **Sometimes Observed** that ranged from **3.10 to 2.85** on its computed weighted mean. No indicators in the area of language fell under Rarely Observed and Not Observed.

On its overall computation, the computed weighted mean (wm) in the area of language is **3.28**, qualitatively described as **Always Observed.**

Indicator 6 that tells **'**Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, TV programs, and movies' got the highest weighted mean scores of **3.80.** In this behavior, the parents, regular teachers, special education teachers, and behavior therapists seemed to agree in their observation. This is one of the hardest tasks among students with mild autism. Apparently, they have a good vocabulary that makes them carry a conversation; yet it is still difficult for them to visualize or imagine the possible things that might happen in the future. Individuals with mild autism already have some speech and language skills; however, those skills are not at a normal level although they have a special skill to learn easily and quickly on the things based on their interest. Their progress is usually uneven. Just like the students who know how to read, identify and label many things and more, most of them have difficulty comprehending what they read (NIDCD, 2018). It is also difficult for them to generalize things, affecting their ability to offer a conclusion. If students learn how to make an inference, then it will be a great

success in their future. This area is one challenging part seen by the parents, regular teachers, special education teachers and behavior therapists; consequently, they need to intervene on these to enhance the language of students with mild autism.

Indicator 14 "Always use the third person instead of "I" in telling something about self" got the lowest computed weighted mean score of **2.85** described as **Sometimes Observed**. This means that the respondents observed this sometimes among their students with ASD. For example, instead of saying “I want to eat”, one would say, “Arman wants to eat.” This is one of the basic things they must learn from different aids, training on managing behavior, and Behavior Intervention Plan offered in school, center, and other private institutions. Many of the students with autism are able to learn things and gain awareness of themselves. Training and therapies help students improve their language and use it functionally. However, many students are still not able to use the word "I"; or perhaps some of them are not yet aware of themselves. Lack of self-regulation may result in less participation in their community and seldom would they take part in it. Teaching them self-regulation improves self-confidence, self-control, and/or improvement on their attention, organization, cognition, and memory (McKenzie & Jaques, 2011).

Table 6.

Frequency and Percentage Distribution of Responses on Behavior of Students with Mild Autism in terms of Social Communication

Behavior	AO (4)		SO (3)		RO (2)		NO (1)	
	f	%	f	%	f	%	f	%
16. Give no or minimal eye contact during an interaction.	12	60	6	30	2	10	0	0
17. Speak too loud or too fast	11	55	5	25	4	20	0	0
18. Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others	12	60	6	30	2	10	0	0
19. Have poor reciprocal involvement with a communication partner	14	70	5	25	1	5	0	0
20. Talk aloud to self in public situations and unaware that others can hear the content of the self-talk	8	40	7	35	3	15	2	10
21. Have difficulty in listening to a message if stressed, agitated, or highly stimulated	13	65	4	20	2	10	1	5
22. Unaware with others' feelings and emotions	8	40	9	45	3	15	0	0
23. Struggle to start or end a conversation	14	70	3	15	2	10	1	5
24. Desire social interaction, but have difficulty on how to initiate and maintain a friendship	13	65	4	20	3	15	0	0
25Discuss certain topics with an unknown person	8	40	3	15	5	25	4	20
26. Interfere social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia	10	50	6	30	2	10	2	10
27. Have difficulty making predictions about the consequences of a situation and be usually social innocent	13	65	6	30	1	5	0	0
28. Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time	12	60	5	25	2	10	1	5
29. Experience difficulty recognizing the lies, deceptions, and mischief of others	15	75	3	15	0	0	2	10
30. Have difficulty to give sufficient information to others	11	55	8	40	1	5	0	0
TOTAL	174	58	80	27	33	11	13	4

Note: Separate assessment of participants are in Appendices I-L

Table 6 shows that **174 or 58 %** of responses said that the behaviors in social communication were **Always Observed** and that 13 or 4% were **Not Observed**. Similar to the observations made on language skills, respondents claimed that most of the indicators were highly manifested in the social communication of their students. When children with ASD exhibit poor language, oftentimes social communication disadvantage also occurs (Ruhela & Tiwari, 2013). Leo Kanner and Hans Asperger viewed autism as a psychiatric disorder that is often accompanied by social awkwardness (Mody & Belliveau, 2013). One of the characteristics of students with autism is impairment in social communication. Because of this, they suffer from social communication and social interaction problems, resulting to being frightened to communicate with others, making friends, being insensitive to others' feeling, not knowing to join in activities or discussion, misunderstanding peoples' intention, being unable to read body language or facial expression, and not knowing how to tell if someone really means what is said (LePage & Courey, 2014). Hence, social communication problems impede their development to its full potential.

It is very common for them to be withdrawn from others, display unusual behavior, and cannot use a functional speech at all (Speech Learning, 2018). It will be beneficial for them to learn different ways to understand others through different forms of language, like body languages, such as gesture, facial expression, posture, and eye-contact.

Table 7

Weighted Mean in the Areas of Social Communication

Behavior	AO (4)	SO (3)	RO (2)	NO (1)	*wm	Interpretation
16. Give no or minimal eye contact during an interaction	48	18	4	0	3.50	AO
17. Speak too loud or too fast	44	15	8	0	3.35	AO
18. Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others	48	18	4	0	3.50	AO
19. Have poor reciprocal involvement with a communication partner	56	15	2	0	3.65	AO
20. Talk aloud to self in public situations and unaware that others can hear the content of the self-talk	32	21	6	2	3.05	SO
21. Have difficulty in listening to a message if stressed, agitated, or highly stimulated	52	12	4	1	3.45	AO
22. Unaware with others' feelings and emotions	32	27	6	0	3.25	SO
23. Struggle to start or end a conversation	56	9	4	1	3.50	AO
24. Desire social interaction, but have difficulty on how to initiate and maintain a friendship	52	12	6	0	3.50	AO
25Discuss certain topics with an unknown person	32	9	10	4	2.75	SO
26. Interfere social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia	40	18	4	2	3.20	SO
27. Have difficulty making predictions about the consequences of a situation and are usually social innocent	52	18	2	0	3.60	AO
28. Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time	48	15	4	1	3.40	AO
29. Experience difficulty recognizing the lies, deceptions, and mischief of others	60	9	0	2	3.55	AO
30. Have difficulty to give sufficient information to others	44	24	2	0	3.50	AO
TOTAL					3.38	AO

Note: Separate assessment of participants are in Appendices I-L

Table 7 shows the computed weighted mean on the observable behavior in the areas of social communication. Similarly to the result shown in Table 12, many of the respondents agreed that all the behaviors in this area are **Always Observed,** obtaining **3.38** in the overall computed weighted mean.

11 out of 15 indicators in this area are **Always Observed** or highly visible among students with autism, getting a score between **3.35 and 3.65** computed the weighted mean. Meanwhile, only **4 out of 15** indicators were rated as **Sometimes Observed.** The scores ranged from **3.25 up to 2.75** computed weighted mean. No behavior was rated as Rarely Observed and Not Observed, indicating that the behaviors in social communication were exhibited among most of the students with ASD.

Among the indicators, item 19 "Have poor reciprocal involvement with a communication partner" attained the highest weighted mean of **3.65.** It is very common to all students with Autism Spectrum Disorder to have troubles in responding to their communication partner. It is because they have a hard time to understand what others want to say, do not pay attention to what others are saying, or just do not know how to respond. It is very challenging for them to understand people and express themselves especially if they have limited vocabulary and other bodily issues. On the other hand, Item 25 got the lowest computed weighted mean among indicators at **2.75.**

Based on the gathered data, there are thirty (30) behaviors that are always observed among students with mild Autism Spectrum Disorder in the areas of language and social communication. All fifteen (15) indicators in the areas of language are always observed. The behavior of students with mild autism in term of language are: (1) appear to have a poor vocabulary use to exchange ideas towards other, (2) struggle to say word/s correctly that others change its correct meaning, (3) have difficulty to request needs and desires because of poor vocabulary, (4) hard to choose the appropriate words that fit a sentence, (5) appear to respond to suggestions, directions, or information in a very literal manner (6) appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, tv programs, and movies, (7) appear to have difficulty in answering wh question such as who, what, where, when, why and how, (8) difficulty to comprehend more complex sentences, (9) hard to put thoughts into word/s or sentence/s, (10) experience problems in reading comprehension due to oral language difficulty, (11) difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next, (12) difficulty to arrange jumbled sentence, (13) alter the meaning of a word, (13) alter the meaning of a word, (14) always use third person instead of "i" in telling something about self; and lastly (15) unable to comprehend instruction and conversation because of limited vocabulary.

In the areas of social communication, students with mild autism have the following fifteen behaviors that are always observed by the parents, regular teachers, special education teachers and behavior therapists. Students with mild autism have manifestation of (1) no or minimal eye contact during the interaction, (2) speaking too loud or too fast, (3) difficulty staying on topic, (4) poor reciprocal involvement with a communication partner, (5) talking

aloud to self in public situations and unaware that others can hear the content of the self-talk, (6) difficulty in listening to a message if stressed, agitated, or highly stimulated, (7) being unaware with others' feeling, (8) Struggling to start or end conversation (9) desiring social interaction, but have difficulty on how to initiate and maintain friendship (10) discussing certain topics with unknown person (11) interfering social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia (12) difficulty in making predictions about the consequences of a situation and be usually social innocent (13) difficulty in multi-tasking, i.e., talking or listening while doing something else at the same time (14) difficulty recognizing the lies, deceptions, and mischief of others (15) difficulty to give sufficient information to others.

2. Develop a Behavior Intervention Plan to enhance their language and social-communication skills

The researcher used all the information gathered to determine the language and social communication skills of students as basis in developing a Behavior Intervention Plan. To ensure the quality and goodness of the plan, the researcher asked assistance from professionals in the field of Psychology and Special Education to validate the content of BIP that could help students with ASD. One of them was a Resource Specialist in California and the two others were Graduate School professors in Our Lady of Fatima University. All of them have knowledge in Special Education. Table 8 shows the computed weighted mean to determine the goodness of the content.

Table 8.

Weighted Mean Result of the Content Validation of Experts

	E (4)	G (3)	F (2)	P (1)	wm	Interpretation
1.Clarity and Directions of Plan The vocabulary level, language, structure and conceptual level of participants, directions and items are written in a clear and understandable manner.	12	0	0	0	4	Excellent
2.Presentation and Organization of Plan The indicators are presented and organized in a logical manner.	8	3	0	0	3.67	
3.Suitability of Indicators The targeted behavior, replacement, strategies and reinforcements appropriately present the substance of research. The items are designed to enhance the language and social communication of student that are supposed to be measured.	8	3	0	0	3.67	Excellent
4.Adequateness of the Content The number of the targeted behavior, replacement, strategies and reinforcement per area is representative enough to enhance the language and social communication of student.	8	3	0	0	3.67	Excellent
5.Attainment of Purpose The plan as a whole fulfills the purpose needed for the research.	8	3	0	0	3.67	Excellent
6.Objective Each target behavior enhances the desired behavior of students.	12	0	0	0	4	Excellent
TOTAL					3.78	Excellent

In terms of clarity and direction of the plan, all the experts rated it **excellent** with a weighted mean of **4,** indicating that the plan is clear and easy to understand. The vocabulary, language, and concepts are suited to the respondents or to any that will use the plan. The presentation and organization of the plan got a weighted mean **3.67** which also has an interpretation of **excellent.** The plan was arranged in a sequential manner. The target behavior, replacement, strategies and reinforcements are the indicators in a plan found

suitable to enhance the language and social communication of the students with mild autism, as indicated by **3.67** weighted mean interpreted as **excellent.**

The adequateness of the content got **3.67** or **excellent.** The number of indicators in a plan is enough to enhance the aforementioned areas. The behavior intervention plan attained its purpose to intervene in some of the unwanted behaviors, and at the same time enhances their language and social communication. It got a weighted mean of **3.67 or excellent.** Lastly, for its objectives which got **excellent** or **4** on its weighted mean, the experts believed that the target behavior in the plan intended to enhance the language and social communication skills of students with ASD.

Overall, the Behavior Intervention Plan got **3.76** or **excellent** which means that BIP can help students with ASD to enhance the said skills of the students with mild autism.

3. Try out and finalize the Behavior Intervention Plan

After the Behavior Intervention Plan was developed, the researcher immediately distributed the plan to 10 selected respondents as per the adviser's instruction to try-out the plan. Students with ASD underwent an assessment to determine their behavior and identify their language and social communication level. This provides the baseline data prior to the intervention, and later on, it serves as a basis to see the suitability and efficiency of the plan. The BIP was tried out to 10 students with mild ASD. the researcher used pseudonyms to protect the identity and privacy of the students. The BIP was tried out to the following students:

1.Student A is a 19-year-old male who is verbal and can respond to other questions. He can look people in the eye when his name is called for about 5 seconds. He has limited words and has difficulty in initiating a conversation. He has verbal stimulation (shows the propensity to say words repetitively).

2.Student B is an ecstatic 18-year-old boy who can easily work with others because of his attitude and hyperactivity. He can imitate words and has good articulation. He has difficulty in taking a turn in the conversation.

3.Student C is a 15-year-old boy in Grade 5 who is good in conversation. He responds well in a discussion; however, he has difficulty in reading comprehension, making a decision in a certain scenario and in topicalization.

4.Student D is a 15-year-old who wants to work independently. He can identify lots of pictures; however, he is unable to use this knowledge in a conversation. He also has high self-stimulatory tendencies and is easily frustrate.

5.Student E is a 12-year-old boy in Grade 1 who has good communication skills, yet he has a problem in making an inference and making a decision.

6.Student F is 13 years of age. He is good in labeling and reading word, but he has difficulty in reading comprehension. He finds it hard to exchange conversation with his communication partner.

7.Student G is a 5-year-old girl. She is good in labeling and talking in simple sentences. She is also good at working in table-top activity. She is echolalic who always repeats words or sentence she is told. She cries without telling what is happening with her.

8.Student H is 11 years old. She is able to talk with her communication partner even in simple sentence. She can express her needs with somebody, though manipulative behavior occurs when she becomes demanding for her need. She talks fast and shows high self-stimulatory when in great emotion.

9.Student I is a 5 year-old girl who is verbally active despite limited words known. She has difficulty constructing a sentence and in articulation.

10.Student J is 5-year-old girl. She is good in labeling things and is able to comprehend instruction. She can imitate three-word-sentences. She has difficulty retelling simple instruction given to her.

The respondents were given two (2) weeks to perform said target behaviors. Parents, Regular Teachers, Special Education Teachers and Behavior therapists were given instruction on how to execute the Behavior Intervention Plan. Using the assessment checklist, the researcher assessed the students with mild autism spectrum disorder and determined which among the indicators of BIP were most likely to be addressed. In each student, not all the indicators will be included in the try-out phase simply because there are some indicators that are already learned by the students. Behavior Intervention Plan in this study was highly individualized because the BIP depends on the present level of performance and language of the students. The BIP also has a tally sheet (see page 96) where implementers will write the target behavior to be learned in two weeks. The researcher explained the strategies and approaches to each participant to intervene the behavior and to enhance their language and social communication skills. The researcher always visited the schools and the center to assure that the BIP was highly implemented. During the implementation, the researcher personally saw how the teachers and therapists employed the BIP to their students, while she did consistent monitoring of the parents' implementation at home.

After the session, the researcher always conducted a short interview and asked feedback on the things about the planned activity. Special education teachers and behavior therapists had no problem with the instruction given them because they have knowledge in handling and managing student with special need. However, Parents and Regular teachers

needed more time to understand the different strategies to enhance the language of students with special needs. The researcher gave sample approaches to the participants in executing the plan. One target behavior was written on the tally sheet and they checked it every time they were done with the task.

To determine if the Behavior Intervention Plan was suitable for the needs of the students with a mild autism spectrum disorder, the researcher gave the Participant's Validation Checklist. The parents, regular teachers, special education teachers and behavior therapists validated the content of the plan. The Participant's Validation Checklist was translated to Tagalog by two Filipino teachers so that other respondents may understand them clearly for better results. Table 9 shows the weighted mean results for the content validation of the participants.

Table 9.

Weighted Mean Result of the Content Validation of Participants

1.Assessment/Pagtataya

CRITERIA	SA (4)	A (3)	D (2)	SD (1)	wm	Interpretation
1.1 Assessment is sufficient to determine the target behavior and its strategies. (*Ang pagtataya ay may kasapatan upang matukoy ang* target *62alaya-uugali at ang istratehiyang ginamit.)*	24	12	0	0	3.6	Strongly Agree
1.2 Assessment makes the parents, regular teachers, special education teachers and behavior therapists to be aware of the needs of the students especially in enhancing language and social communication. *(Ang pagtataya ay nagbibigay ng kaalaman sa mga magulang, mga guro, mga guro sa* Special Education *at mga* behavior therapist *na kailangan ng mag-aaral para sa pananalita at pakikipag-ugnayan.)*	28	9	0	0	3.7	Strongly Agree
1.3 The direction is easy to understand and follow. *(Ang panuto ay madaling maunawaan at sundan.)*	24	12	0	0	3.6	Strongly Agree
TOTAL					3.63	Strongly Agree

Continuation….

CRITERIA	SA (4)	A (3)	D (2)	SD (1)	wm	Interpretation
2.Clarity/ Kalinawan						
2.1 The words used in Behavior Intervention Plan are clear, brief and within the level of the respondents. (*Ang mga salitang ginamit sa* Behavior Intervention Plan *ay malinaw, maikli at tugma para sa mga 63alaya63ent.)*	24	9	2	0	3.5	Strongly Agree
2.2 The strategies in each target behavior are easy to follow. (*Ang mga istratehiya sa bawat* target behavior *ay madaling sundan.)*	28	6	2	0	3.6	Strongly Agree
2.3 The directions in Behavior Intervention Plan are clear and understandable. (*Ang tuntunin sa* Behavior Intervention Plan *ay malinaw at madaling maunawaan.)*	28	9	0	0	3.7	Strongly Agree
TOTAL					3.6	Strongly Agree
3. Presentation and Organization/Presentasyon at Organisasyon						
3.1 The target behavior, replacement behavior, strategies and reinforcements are presented in a sequential manner. (*Ang* target behavior, replacement behavior, istratehiya *at pagpapatibay ay maayos na napagkasunod-sunod.)*	20	15	0	0	3.5	Strongly Agree
3.2 The contents are well-organized that the parents, regular teachers, special education teachers and behavior therapists can use them properly and independently. (*Ang nilalaman ay maayos na inihanay upang mabilis na maunawaan ng mga magulang, mga guro, mga guro sa* Special Education *at mga* behavior therapists *upang magamit ng wasto at 63alaya.)*	32	6	0	0	3.8	Strongly Agree
3.3The presentation of concepts is clear and simple. (*Ang presentasyon ng konsepto ay malinaw at payak.)*	28	9	0	0	3.7	Strongly Agree
TOTAL					3.67	Strongly Agree
4.1 The target behaviors are suitable for the language and social communication needs of students with autism. *(Ang* target behavior *ay angkop sa pananalita at pakikipag-ugnayang kailangan ng mag-aaral na mayroong autism.)*	24	12	0	0	3.6	Strongly Agree
4.2 The replacement behaviors are appropriate for the target behavior of students. *(Ang* replacement behavior *ay angkop sa ninanais baguhing pag-uugali sa mag-aaral.)*	24	15	0	0	3.9	Strongly Agree
4.3 The items enhance the language and social communication of autism student. *(Ang mga aytem ay nagpapaunlad sa pananalita at pakikipag-ugnayanng mag-aaral na mayroong autism.)*	16	18	0	0	3.4	Agree
TOTAL					3.63	Strongly Agree

Continuation…

CRITERIA	SA (4)	A (3)	D (2)	SD (1)	wm	Interpretation
5.1 The number of target behavior, replacement, strategies and reinforcement per area is representative enough to enhance the language and social communication of the student. *(Ang bilang ng* target behavior, replacement behavior, *istratehiya at karagdagang pampatibay sa bawat bahagi ay naaayon upang mapaunlad ang pananalita at pakikipag-ugnayan ng mag-aaral.)*	20	15	0	0	3.5	Strongly Agree
5.2 The allotted time are enough to target the behavior and enhance the language and social communication of the student. *(Ang panahon na ibinigay ay sapat upang mabago ang pag-uugali at mapaunlad ang pananalita at pakikipag-ugnayan sa ibang mag-aaral.)*	4	18	6	0	2.8	Agree
5.3 The Behavior Intervention Plan is ample to determine the target behavior, replacement behavior, different strategies and reinforcement for a student with autism. (*Ang Behavior Intervention Plan ay sapat upang matukoy ang mga* target behavior, replacement behavior, iba't ibang istratehiya at karagdagang pampatibay *para sa mga mag-aaral na may autism.)*	24	12	0	0	3.6	Strongly Agree
TOTAL					3.3	Agree
6.1 Behavior Intervention Plan can be used in daily activity/lesson. *(*Behavior Intervention Plan *ay maaaring magamit sa pang araw-araw na gawain at aralin.)*	32	6	0	0	3.8	Strongly Agree
6.2 The plan can be used by the parents, regular teachers, special education teachers and behavior therapists in enhancing the language and social communication of the student. *(Ang, planong ito ay maaaring magamit ng mga magulang, mga guro, mga gurong* Special Education *at mga* behavior therapist *sa pagpapaunlad ng pananalita at pakikipag-ugnayang sosyal.)*	40	0	0	0	4	Strongly Agree
6.3 Behavior Intervention Plan is very useful in school, home and therapy center. *(Behavior intervention plan ay kapaki-pakinabang sa paarlan, tahanan at* therapy center.*)*	40	0	0	0	4	Strongly Agree
TOTAL					3.93	Strongly Agree

Based on Table 9, most of the respondents said that the assessment tool used in the plan was **strongly agree** based on its total weighted mean of **3.63.** It seems sufficient enough to determine the target behavior and the strategies needed to enhance the language and social communication of the student. It also makes the respondents aware of the need of their students. The assessment is also easy to use and can easily be comprehended by the parents, regular teachers, special education teachers, and behavior therapists. Assessment is necessary to determine the needs of students in all areas of development such as language, social communication, and more. It can be in many forms to determine what students already know and able to do (Derell, 2015). Through assessment, it gives an idea to educators, parents, and other service providers on students' level of behavior performance. This is the basis to construct a plan that suits the needs of the students.

In terms of clarity, the words used in the Behavior Intervention Plan are found suitable to each respondent. Most of the participants saw that the strategies in the plan are easy to follow, as indicated by a **weighted mean of 3.6.** The presentation and organization of the plan were well-arranged that the parents, special education teachers, regular teachers, and behavior therapists can use it independently. This got a total of **3.67** or **Strongly Agree** because the presentation of the plan is simple to them as they believed it can target the unwanted behavior at the same time enhance language and social communication. Behavior intervention plan must be clear in targeting the behavior so that it can focus on the functional development of the students, adding that presentation of intervention strategies must be in the plan to impede maladaptive behavior (NYSED,2011)

The suitability of the plan got **3.63** total weighted mean interpreted as **Strongly Agree**. Most of the respondents knew that the plan was suitable to enhance the language and social communication of the students with mild autism spectrum. The target behavior replacement behavior, strategies, and reinforcement in the plan help respondents to strengthen the language of the students and how to teach them to learn the target behavior. The plan guided the respondents on how to deal with target behavior through the sample strategies and reinforcement provided in the plan. Though there is no specific strategies fit for all students with autism, it is still important to develop behavior intervention strategies to reduce the frequency of unwanted behavior. Teaching a communication response as an alternate solution decreases students' maladaptive behavior. The researcher's primary concern is to change the maladaptive behavior of the students into a positive one through enhancing their language and social communication. One of the primary characteristics of autism and other disabilities is ineffective communication skills.

For the adequateness of the plan, this one got **3.3** total weighted mean interpreted as **agree.** Many of the respondents told that the time was not enough to target all the necessary behaviors in just a short period of time especially on the extreme behavior; yet they were able to distinguish the behavior they wanted to change among their students. Since students have different behaviors, the time frame of each behavior may also differ especially when it becomes spontaneous to them. According to Maxwell Maltz, a plastic surgeon, it takes 21 days to change a behavior or to create a new habit. However, in the study conducted by Phillipa Lally and her team, it took 18 to 254 days to change a behavior or form a new habit of an individual(Clear, 2018). Likewise, consistent application of intervention strategies to target behavior among students with Autism Spectrum Disorder will have a great impact on

their development. Intensive and coherent training to students with ASD can gain a normal functioning which is strengthened by Lovaas in his Early Intensive Behavioral Intervention (EIBI) using Applied Behavior Analysis method (Matson, 2009). On the other hand, full cooperation and support of the family members make a rapid change in the behavior, language and communication of the students. It is not easy to change their behavior and create a new one for them. Great love, self-control, time, and effort must be given to the student to become successful and independent in the future.

Most of the respondents saw the importance of having a Behavior Intervention Plan for students with autism. A grade of **3.93** or **Strongly Agree** was given because of its usefulness to enhance the language and social communication of the students. In the study conducted by Deala (2017) found out that intensive intervention evidently helps the students with ASD in enhancing their communication skills, improving coping skills and interpersonal relationship, enabling to work better in gross and fine motor activities and in impeding maladaptive behavior. Behavior Intervention Plan was made to help the students and the core people who closely interacted with them. Enhancement works better and faster when many people work together in a very positive and spontaneous way.

Chapter 4

Summary of Findings, Conclusions and Recommendations

Summary of Findings

The purpose of the study was to develop a Behavior Intervention Plan for students with mild autism spectrum disorder. It sought to attain the following objectives:

1.Describe the behaviors of students with mild autism spectrum disorder in the areas of language and social communication skills.

The finding of this research revealed that the behaviors in the areas of language skills are the following:

(1) appear to have a poor vocabulary use to exchange ideas towards others;

(2) struggle to say word/s correctly that others change the correct meaning,

(3) have difficulty to request needs and desires because of poor vocabulary,

(4) hard to choose appropriate words that fit a sentence,

(5) appear to respond to suggestions, directions, or information in a very literal manner,

(6) appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, tv programs, and movies,

(7) appear to have difficulty in answering wh question such as who, what, where, when, why and how,

(8)difficulty to comprehend more complex sentences,

(9)hard to put thoughts into word/s or sentence/s,

(10) experience problems in reading comprehension due to oral language difficulty,

(11) difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next,

(12) difficulty to arrange jumbled sentence,

(13)alter the meaning of a word,

(14) always use third person instead of "i" in telling something about self; and (15) unable to comprehend instruction and conversation because of limited vocabulary.

in the areas of social communication, the behaviors observed are:

(1) no or minimal eye contact during the interaction,

(2) speaking too loud or too fast,

(3)difficulty staying on topic,

(4) poor reciprocal involvement with a communication partner,

(5) talking aloud to self in public situations and unaware that others can hear the content of the self-talk,

(6) difficulty in listening to a message if stressed, agitated, or highly stimulated, (7) being unaware with others' feeling,

(8)struggling to start or end a conversation,

(9) desiring social interaction, but have difficulty on how to initiate and maintain friendship,

(10) discuss certain topics with an unknown person,

(11) interfering social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia,

(12) difficulty in making predictions about the consequences of a situation and usually are social innocent,

(13) difficulty in multi-tasking, i.e., talking or listening while doing something else at the same time,

(14) difficulty recognizing the lies, deceptions, and mischief of others, and

(15) difficulty in giving sufficient information to others.

2. Develop a Behavior Intervention Plan to enhance their language and social-communication skills

The researcher asked professional help from experts in the field of special education and psychology to validate the Behavior Intervention Plan before the respondents tried out the plan. The researcher had six criteria to measure the efficiency of the plan. On clarity and direction of the plan, all the experts agreed that the plan was excellent based on its weighted mean of 4, showing that they clearly and easily understand the plan. The vocabulary, language, and concepts were suited to the respondents or to any that will use the plan. The presentation and organization of the plan got a weighted mean of 3.67 which was also interpreted as excellent. The plan was arranged in a sequential manner. The target behavior, replacement, strategies and reinforcements are the indicators in a plan suitable to enhance the language and social communication of the students with mild autism that got a weighted mean of 3.67 interpreted as excellent.

The adequateness of the content got 3.67 or excellent. The number of indicators in a plan was enough to enhance the aforementioned areas. The Behavior Intervention Plan attained its purpose to intervene in some of the unwanted behaviors, and at the same time enhance language and social communication. It got a weighted mean of 3.67 or excellent. Lastly, for its objectives which got excellent or 4 on its weighted mean, the experts believed

that the target behavior in the plan could enhance desired behavior. Overall, the Behavior Intervention Plan got 3.76 or excellent which means this plan could help to enhance the language and social communication of the students. It could also be very useful on the part of the parents, regular teachers, special education teachers, and behavior therapists.

3. Try out and finalize the Behavior Intervention Plan

Based on the finding in this research, most of the respondents said that the assessment tool used in the plan was excellent or 3.63 on its total weighted mean. There was sufficient time to determine the target behavior and the strategies needed to enhance the language and social communication of the students. Most of the participants saw the strategies in the plan easy to follow, as indicated by a 3.6 weighted mean. The presentation and organization of the plan obtained a total of 3.67 or excellent. Parents, special education teachers, regular teachers and behavior therapist could use it independently. Suitability of the plan got 3.63 on its total weighted mean, interpreted as Excellent. Most of the respondents knew that the plan was suitable to enhance the language and social communication of the students with mild autism spectrum.

The adequateness of the plan got 3.3 on its total weighted mean interpreted as good. Many of the respondents told that the time was not enough to target all the necessary behaviors in just a short period of time especially on the extreme behaviors; yet, they were able to distinguish the behavior they want to change for their students. Most of the respondents saw the importance of having a Behavior Intervention Plan for students with autism. This part of the evaluation was graded 3.93 or excellent because of its usefulness to enhance the language and social communication of the students.

The results revealed that parents, regular teachers, special education teachers and behavior therapists strongly agreed to the positive outcome of the study and believed that Behavior intervention Plan will enhance the language and social communication skills of the students with Autism Spectrum Disorder.

Conclusions

In view of the aforementioned findings, the following conclusions were drawn:

1.The Behavior Intervention Plan developed was efficient to enhance the language and social communication of students with mild Autism Spectrum Disorder.

2.Behavior Intervention Plan for students with mild Autism Spectrum Disorder has 15 behaviors in areas of language and 15 in areas of social communication skills which is based on the assessment checklist

3.One way to intervene the unwanted behavior of the students with Autism Spectrum Disorder is for parents, regular teachers, special education and behavior therapist to enhance students' language and social communication skills. Meeks (2017) stated that communication intervention benefits the life skills of students with autism because intervention increases communication skills and decreases the maladaptive behavior of students with autism. Behavior Intervention Plan helps the students not just to say what they need but also to improve exchanging information and conversation.

4.The high validation rating shows that the developed Behavior Intervention Plan is sufficient to be utilized by the parents, special education teachers, regular teachers, and behavior therapists.

Recommendations

With the findings and conclusions at hand, the following recommendations are offered:

1. Behavior Intervention Plan may be used as an additional tool to Individualize instruction plan that targets behavior through enhancement of language and social communication skills.

2.Collaboration and consistency on the target behavior must harmonize at home and in school for immediate student's improvement.

3. Parents, regular teachers, special education teachers, and behavior therapists must have continuous training and seminars on using Behavior Intervention Plan.

4.Further studies on Behavior Intervention Plan must be conducted to develop more effective strategies and find out more reinforcement that can be used to teach students with mild autism and other disabilities.

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Appendix A
Behavior Intervention Plan to Enhance the Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder

Introduction

Behavior Intervention Plan is a plan that aims to replace the maladaptive behavior through enhancement of student's language and social communication skills. Behavior and communication are the hallmarks of individuals with Autism Spectrum Disorder (Deala, 2017). People use their learned language to communicate and interact with others; however, individuals who have language and social communication difficulty tend to use their behavior to tell their needs. In the study conducted by Skinner in 1957, language was used to shape the behavior of an individual diagnosed with Autism Spectrum Disorder (de Lourdes R da F Passos, 2012). Behavior may change positively if well reinforced.

Objectives:

The Behavior Intervention Plan has three main objectives:

1.Determine the behavior in the areas of language and social communication through an assessment checklist.

2.Enhance language and social communication skills.

3.Find reinforcement that is suitable to increase the desirable behavior of the student.

Utilization: Behavior Intervention Plan is used to enhance language and social communication to impede maladaptive behavior.

Procedure:

1.Assess first the student’s behavior using Language and Social Communication Skills Assessment for ASD Checklist.

2.Identify which among the indicators of language and social communication skills are always observed and need to be addressed first.

3.Determine the specific target behavior in each indicator.

4.Write down the specific target behavior in the tally sheet provided at the back of the Behavior Intervention Plan.

5.If the target behavior is already mastered, remove it and target new behavior.

Assessment:

If the target behavior is spontaneously done by the student in three consecutive commands without a prompt or help, the target behavior is already mastered.

Behavior Intervention Plan to Enhance the Language and Social Communication Skills of Student with Mild Autism Spectrum Disorder

Name:				School:	
Age:				Implementer:	
Birthday:					
Present Level of Performance:					
Targeted Behavior	Replacement Behavior	Strategies	*Reinforcement	Time Frame	
LANGUAGE			Sample	Date Started	Date Ended
Appear to have poor vocabulary use to exchange ideas towards other.	Exchange ideas with proper use of words.	Use flash cards, books with picture, or modelling of actions to expand vocabulary.	Reinforcer like high five, Good job or food that student's want to hear.		
Struggle to say word/s correctly that others change the correct meaning.	Pronounce the words correctly to understand the proper meanings.	Enhance the articulation. Imitate the word/s that start/s and end/s with p, m, b, t, d, k, g, l, r, s, f, v, &n. Use flash cards or books with picture.	Use physical praise like "high five" or verbal praise such as "Good Job or Very Good!" if words are pronounced correctly.		
Have difficulty to request needs and desires because of poor vocabulary.	Expand vocabulary to say and request needs.	Show pictures of desired object and necessary things to expand vocabulary. Ask the student to say "I want to_____"	Give the desired object immediately after saying "I want_____."		

Hard to choose the appropriate words that will fit to a sentence.	Use appropriate words in a sentence.	Use flash cards, books with picture, or modelling of actions to expand vocabulary.	Use physical praise like “high five” or verbal praise such as “Good Job” if say correct sentence.		
Appear to respond to suggestions, directions, or information in a very literal manner.	Comprehend suggestions and directions being asked.	Give one simple step of direction to more complex. Set some rules on thing/s that must be done in following instruction.	Give the child a reinforcer (i.e. break after a task or time to play). Remind the student about rules.		
Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, TV programs, and movies.	Make an inference in a given situation.	Use books with pictures, video clips that will enhance the inference, conclusion and decision making of the student. Unlocked unfamiliar words to comprehend ideas.	Give a reinforcer to every drill that a student is able to answer in a frm of a game.		
Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How	Answer Wh question.	Start to answer Who question using picture in a book, flashcard or objects followed by where, what, when, why and how. Start 5 questions in a day.	Give a reinforcer to every question that a student is able to answer.		

Difficulty to comprehend more complex sentences.	Understand more complex sentences.	Start with a one-step command then add commands with four sentences of instruction.	Use physical praise like “high five” or verbal praise such as “Good Job or Very Good” if followed correctly.		
Hard to put thoughts into word/s or sentence/s.	Express ideas and thoughts into words or sentence/s.	Start to construct simple sentence (i.e. I am _eating.) Use pictures or books to create a sentence.	Give immediate reinforcement for every word or sentence expressed.		
Experience problems in reading comprehension due to oral language difficulty.	Say, use and understand word/s in proper usage from a story.	Unlock the unfamiliar word and read it one by one before reading a sentence or story.	Give the child a reinforcer (i.e. break after task or time to play)		
Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next.	Stay on the topic in a particular conversation.	Start a conversation according to interest and do taking turns until 4 turns.	Give the child a reinforcer (i.e. break after task, food or time to play).		
Difficulty to arrange jumbled sentence.	Arrange jumbled sentence.	Start from a three- word sentence to more words added for later.	After every sentence being arranged, give a reinforcer.		
Alter the meaning of a word	Use aword in its appropriate meaning	Based on vocabulary, use learned word/s in sentence.	Give the child a reinforcer (i.e. break after task, food or time to play)		

Always use the third person instead of "I" in telling something about self.	Say the word "I" in telling about self.	Practice to say the student's action by saying "I" (for example "I am eating"	Give reinforcer like praise high five for every use of "I" in a conversation.		
Unable to comprehend instruction and conversation because of limited vocabulary.	Comprehend instruction and conversation.	Use pictures for target word to use	After a series of instruction or a 3 to 5 conversation, give a student a reinforcer.		
SOCIAL COMMUNICATION					
Give no or minimal eye contact during an interaction.	Look in the eyes when talking	Start to look on eyes for 3 seconds then add more seconds when the child is able to maintain eye contact.	Give immediate positive response in looking in the eyes.		
Speak too loud or too fast.	Converse with a proper speed and right volume.	Set some rules in talking. Can also make social stories for specific need of a child.	If the rules are followed, give a reinforcer.		
Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others.	Focus on the given topic being discussed.	Set some rules in conversation like "Talk properly and Speak in right volume"	Token Economy. After 3 happy face, give the student a reinforcer.		

Have poor reciprocal involvement with a communication partner.	Alter a conversation with the communication partner.	Start with familiar topic to initiate a conversation then followed by more a complex exchange.	Use physical praise like "high five" or verbal praise such as "Good Job or Very Good!"		
Talk aloud to self in public situations and unaware that others can hear the content of the self-talk.	Control Self Stimulation by saying the student's feeling.	For every task accomplished, ask the student what he/she wants to express his/her needs properly. Set some rules in communicating in public	Contingency Contracting. If the student follows all the rules and is able to control self, give the things agreed upon.		
Have difficulty in listening to a message if stressed, agitated, or highly stimulated.	Control Self Stimulatory by saying the student's feeling.	For every task accomplished, ask the student what he/she wants to express his/her needs properly.	Contingency Contracting. If the student follows all the rules and is able to control self, give the things as agreed upon.		
Unaware with others feelings and emotions	Identify and be aware of the feelings of others	Shows a picture of different emotion and the feeling that can be felt when shown the given pictures.	Give the child a reinforcer (i.e. break after task or time to play) or Contingency Contracting.		
Struggle to start or end conversation.	Learn how to start and end a conversation.	Give words that can be used to start and end a conversation like "hi, hello and good bye."	Contingency Contracting.		

Desire social interaction, but has difficulty on how to initiate and maintain friendship.	Make friends and maintain it.	Use a social story based on the needs of the student and include conversation that can be used in making a friend.	Give reinforcer in following rules in social studies.		
Discuss certain topics with unknown person	Identify the person familiar to the student.	Give social story based on the needs of the student in encountering other people.	Always remind about the story given and ask a certain scenario.		
Interfere social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia.	Learn to interact with others by controlling self.	Set some rules in conversation and how to behave in a given situation. Can use pictures and books	Contingency Contracting.		
Have difficulty making predictions about the consequences of a situation and be usually social innocent.	Make an inference in a given situation.	Uses books with picture, video clips that will enhance the inference and helps the student to comprehend ideas.	For every task being done give a reinforcer.		
Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time	Able to do multi-tasking.	Condition the student to do one task then give another to become familiar.	For every task done, give a reinforcer.		

Experience difficulty recognizing the lies, deceptions and mischief of others	Identify lies, deception and mischief based on the learned vocabulary	Give a picture or scene that shows lies, deception, and mischief.	Remind the student about the story given.		
Have difficulty to give sufficient information to others.	Give information to others.	Let the student say instruction or ask a question to other person (i.e. command the student to ask “How old are you?” to other member or classmate then ask the student to answer he/she get.)	For every task being done, give a reinforcer or use token economy.		

TALLY SHEET

BEHAVIOR	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
1.										
2.										
3.										
4.										
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Appendix B

Language and Social Communication Skills Assessment for ASD

Checklist

Name (optional): Age:
Gender Highest Educational Attainment:

Relationship to student with mild autisms:

☐ Parent ☐ Special Education Teacher
☐ Regular Teacher ☐ Behavior Therapist

Direction: Please check the appropriate box corresponds to the behavior observed using the following scale
4- Always Observed 3-Sometimes Observed 2- Rarely Observed 1- Not Observed

I. Language	4	3	2	1
1. Appear to have a poor vocabulary use to exchange ideas towards other.				
2. Struggle to say word/s correctly that others change its correct meaning.				
3. Have difficulty to request needs and desires because of poor vocabulary.				
4. Hard to choose the appropriate words that will fit to a sentence				
5. Appear to respond to a suggestions, directions, or information in a very literal manner.				
6. Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, TV programs, and movies				
7. Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How				
8. Difficulty to comprehend more complex sentences.				
9. Hard to put thoughts into words or sentence.				
10. Experience problems in reading comprehension due to oral language difficulty.				
11. Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next.				
12. Difficulty to arrange jumbled sentence.				
14Always use third person instead of “I” in telling something about self.				
15. Unable to comprehend instruction and conversation because of limited vocabulary.				

I. Social Communication	4	3	2	1
16. Give no or minimal eye contact during an interaction.				
17. Speak too loudly or too fast.				
18. Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others.				
19. Have poor reciprocal involvement with a communication partner.				
20. Talk aloud to self in public situations and unaware that others can hear the content of the self-talk.				
21. Have difficulty in listening to a message if stressed, agitated, or highly stimulated.				
22. Unaware with others feelings and emotions				
23. Struggle to start or end conversation.				
24. Desire social interaction, but has difficulty on how to initiate and maintain friendship.				
25Discuss certain topics with unknown person.				
26. Interferes social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia.				
27. Have difficulty making predictions about the consequences of a situation and be usually social innocent.				
28. Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time;				
29. Experience difficulty recognizing the lies, deceptions and mischief of others				
30. Have difficulty giving others sufficient information.				

Appendix C

Development of Behavior Intervention Plan to Enhance the Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder

Expert's Validation Checklist

Name: _____ Affiliation: _____

Field of Specialization:

_____

Eligibility: _____ License No.:_____

Kindly check (√) the appropriate box corresponding to the CONTENT VALIDITY of a proposed behavior intervention plan for students with Autism Spectrum Disorder using the following scale.

4- Excellent 3-Good 2- Fair 1- Poor

	4	3	2	1
1. Clarity and Directions of Plan. The vocabulary level, language, structure and conceptual level of participants, directions and items are written in a clear and understandable manner.				
2. Presentation and Organization of Plan The indicators are presented and organized in a logical manner.				
3. Suitability of Indicators. The targeted behavior, replacement, strategies and reinforcements are appropriately presented the substances of the research. The items are designed to enhance the language and social communication of autism student that are supposed to be measured.				
4. Adequateness of the Content. The number of the targeted behavior, replacement, strategies and reinforcement per area is representative enough to enhance the language and social communication of student.				
5. Attainment of Purpose. The plan as a whole fulfils the purpose needed for the research.				
6. Objective. Each target behavior enhance the desired behavior of students.				
REMARKS: _____ _____				

Appendix D
Development of Behavior Intervention Plan to Enhance the Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder
Participant's Validation Checklist

Name (Optional): _____ Date: _____
Relation to student

☐ Parent ☐ Special Education Teacher

☐ Regular Teacher ☐ Behavioral Therapist

Kindly check (√) the appropriate box corresponding to the CONTENT VALIDITY of a proposed behavior intervention plan for students with Autism Spectrum Disorder using the following scale.

4 Strongly Agree 3-Agree 2- Disagree 1- Strongly Disagree

1. Assessment/Pagtataya

CRITERIA	SA	A	D	SD
	4	3	2	1
1.1 Assessment is sufficient to determine the target behavior and its strategies. (*Ang pagtataya ay may kasapatan upang matukoy ang* target *na pag-uugali at ang istratehiyang gamit.)*				
1.2 Assessment aware the parents, regular teachers, special education teachers and behavior therapists to needs of the students especially in enhancing on its language and social communication. *(Ang pagtataya ay nagbibigay ng kabatiran sa mga magulang, mga guro, mga guro sa* Special Education *at mga* behavior therapist *na kailangan ng mag-aaral para sa pananalita at pakikipag-ugnayan.)*				
1.3 The direction is easy to understand and to follow. *(Ang panuto ay madaling maunawaan at sundan.)*				

2. Clarity/ Kalinawan

CRITERIA				
2.1 The words used in behavior intervention plan are clear, brief and within the level of the respondents. (*Ang mga salitang ginamit sa* behavior intervention plan *ay malinaw, maikli at tugma para sa mga respondente.)*				
2.2 The strategies in each target behavior are easily to follow (*Ang mga istratehiya sa bawat* target behavior *ay madaling sundan.)*				
2.3 The direction in behavior intervention plan are clear and understandable. (*Ang tuntunin sa* behavior intervention plan *ay malinaw at madaling maunawaan.)*				

3. Presentation and Organization/Presentasyon at Organisasyon

CRITERIA				
3.1 The target behavior, replacement behavior, strategies and reinforcements are presented in sequential manner. (*Ang* target behavior, replacement behavior, istratehiya *at pagpapatibay ay maayos na napagkasunod-sunod.)*				
3.2 The content are well-organized that the parents, regular teachers, special education teachers and behavior therapists can use it properly and independently. (*Ang nilalaman ay maayos na inihanay upang mabilis na maunawaan ng mga magulang, mga guro, mga guro sa* Special Education *at mga* behavior therapist *upang magamit ng wasto at malaya.)*				
3.3 The presentation of the concept are clear and simple (*Ang presentasyon ng konsepto ay malinaw at payak.)*				

4. Suitability/Kaangkupan

CRITERIA				
4.1 The target behavior are suitable to the language and social communication needs of students with autism. *(Ang* target behavior *ay angkop sa pananalita at pakikipag-ugnayang kailangan ng mag-aaral na mayroong autism.)*				
4.2 The replacement behaviors are appropriate to the target behavior of students. *(Ang* replacement behavior *ay angkop sa ninanais baguhing pag-uugali sa mag-aaral.)*				
4.3 The items are enhancing the language and social communication of autism student. *(Ang mga aytem ay nagpapaunlad sa pananalita at pakikipag-ugnayan ng mag-aaral na mayroong autism.)*				

5. Adequateness/ Kahustuhan

CRITERIA				
5.1 The number of target behavior, replacement, strategies and reinforcement per area is representative enough to enhance the language and social communication of the student. *(Ang bilang ng* target behavior, replacement behavior, *istratehiya at karagdagang pampatibay sa bawat bahagi ay naaayon upang mapaunlad ang pananalita at pakikipag-ugnayan ng mag-aaral.)*				
5.2 The allotted time are enough to target the behavior and enhance the language and social communication of the student. *(Ang panahon na ibinigay ay sapat upang mabago ang pag-uugali at mapaunlad ang pananalita at pakikipag-ugnayan sa iba ng mag-aaral.)*				

5.3 The behavior intervention plan is ample to determine the target behavior, replacement behavior, different strategies and reinforcement for student with autism. (*Ang behavior intervention plan ay sapat upang matukoy ang mga* target behavior, replacement behavior, iba't ibang istratehiya at karagdagang pampatibay *para sa mga mag-aaral na may autism.)*				

6. Usefulness/ Kahalagahan

CRITERIA				
6.1 Behavior intervention plan can be used in daily activity/lesson. *(*Behavior intervention plan *ay maaaring magamit sa pang araw-araw na gawain at aralin.)*				
6.2 The plan can be used by the parents, regular teachers, special education teachers and behavior therapists in enhancing the language and social communication of the student. *(Ang planong ito ay maaaring magamit ng mga magulang, mga guro, mga guro ng* Special Education *at mga* behavior therapist *sa pagpapaunlad ng pananalita at pakikipag-ugnayang sosyal.)*				
6.3 Behavior intervention plan is very useful in school, home and therapy center. *(Behavior intervention plan ay kapaki-pakinabang sa paarlan, tahanan at* therapy center.*)*				

_____ _____

Petsa **Lagda**

Appendix E
Inform Consent Form

Research Proposal Title: Development of Behavior Intervention Plan to Enhance Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder

Researcher: Richelle N. Salas
Master of Art in Education major in Special Education teaching Intellectual Disability
09652416923/ 945-6620
richelle_salas@yahoo.com

You are being asked to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

Purpose of Study

The purpose of this study is to develop a behavior intervention plan for students with mild autism spectrum disorder to enhance their language and social communication.

Completion and return of the questionnaire or response to the interview question will constitute consent to participate in this research.

Study Procedures

You will be asked to answer a research made survey questionnaire that will determine the characteristics of mild autism students in the areas of language and social communication. The result of those questionnaires will be the basis of the researcher to create a behavior intervention plan that will implement to students diagnosed with mild autism spectrum disorder. The process of all data gathering and implementing of the said plan will take approximately 5 hours per week within 3 weeks and the location will determine depending in your preference. It may conduct in your school, center or even at your home.

Potential Risks and Discomforts

This research anticipates no risk to your participation however it may take a time in your daily schedule during implementation of behavior intervention plan. The researcher will deliberate the plan depending on your availability. When you feel any discomfort during answering questionnaires and implementing behavior intervention plan, you may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

Potential Benefits to the Subject and/or to Society.

The researcher foresees direct benefit to the participant. Your involvement in this study will help you to handle different behavior of the student with ASD as. The finding of this research will also benefit your son/daughters/students to enhance their language and social communication.

Confidentiality no money

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. The researcher will use pseudonym or code to secure any information collected from your participation in this study. The information which has your identifiable will kept separately from the rest of your data.

Compensation/Payment for Participation

The researcher will give you some token in appreciation to your involvement in this study nevertheless no direct payment will be given.

Potential Conflicts of Interest

The researcher of this study do not have any financial interest in the sponsor or in the product being studied.

Contact Information

If you have questions at any time about this study, or you experience adverse effects as the result of participating in this study, you may contact the researcher whose contact information is provided on the first page. If you have questions regarding your rights as a research participant, or if problems arise which you do not feel you can discuss with the researcher, please contact the Research Ethics Committee (REC) at 317-1768 loc .750/751/747.

Voluntary Participation

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

Consent

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Researcher's signature _____ Date _____

Appendix F
Letter of Request

12 September, 2018

ELIZABETH E. QUESADA, CESO V
Schools Division Superintendent
Quezon City

Madam:

May I respectfully request from your good office to conduct my research entitled: "Development of Behavior Intervention Plan to Enhance Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder." The objectives of this study is to develop Behavior Intervention Plan that will help the Parents, Sped Teachers, Regular Teachers and Behavior Therapists to enhance the language and social communication skills of students with mild autism.

In connection with this, I would like to ask permission to allow me to administer the survey questionnaire to selected Special Education Teachers and Regular Teachers of Rosa L. Susano Novaliches Elementary School and San Gabriel Elementary School in the District 5, Quezon City. Rest assured that all information gathered will be handled with confidentiality and prior consent of the teacher-respondents will be secured.

Attached herewith is a sample survey questionnaire validated by an experts in the field of education for your reference and approval.

Very truly yours,

RICHELLE N. SALAS
Researcher

Noted By:

TERESITA G. INCIONG, Ed.D.
Thesis Adviser

Appendix G
Letter of Request for Validation

ANNA JOY T. MARIANO, MAED SPED
Special Education Teacher
La Gloria Elementary School
Gonzales, California USA

Dear Mrs. Mariano:

Greetings of Peace!

The behavior intervention plan made by the researcher for the thesis proposal entitled, "Development of Behavior Intervention Plan to Enhance the Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder" requires validation. This behavior intervention plan is based on the observed behavior of the Sped Teacher, Regular Teacher, Behavioral Therapist and Parents of students with mild autism as my respondents using the checklist that you also validated.

The researcher will try out the behavior intervention plan by the aforementioned respondents to enhance the language and social communication skills of students with mild autism.

Attached herewith is the behavior intervention plan and the validation sheet for your validation.

Thank you for your time and looking forward to your favourable recommendation.

Very truly yours,

RICHELLE N. SALAS
Researcher
richelle_salas@yahoo.com
09652416923

Noted By:

TERESITA G. INCIONG, Ed.D.
Thesis Adviser

Appendix H

C E R T I F I C A T E

This is to certify that I have assessed, checked and validated the research instruments and behavior intervention plan used in this study entitled: “Development of Behavior Intervention Plan to Enhance the Language and Social Communication Skills of Students with Mild Autism Spectrum Disorder”.

This Certification is issued for academic purposes of Ms. Richelle N. Salas

Attached herewith is the research instruments, validation sheet and recommendations of the experts/ validators

Validator,

ANNA JOY T. MARIANO, MAED SPED
Special Education Teacher
La Gloria Elementary School
Gonzales, California USA

Appendix I
Result of Assessment Checklist of Parents

	INDICATORS	Always Observed (4)	Sometimes Observed (3)	Rarely Observed (2)	Never Observed (1)
	LANGUAGE				
1	Appear to have a poor vocabulary use to exchange ideas towards other.	1	3	1	0
2	Struggle to say word/s correctly that others change its correct meaning.	0	5	0	0
3	Have difficulty to request needs and desires because of poor vocabulary.	2	2	1	0
4	Hard to choose the appropriate words that will fit to a sentence.	3	1	1	0
5	Appear to respond to a suggestions, directions, or information in a very literal manner.	3	1	1	0
6	Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation,	5	0	0	0
7	Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How	4	1	0	0
8	Difficulty to comprehend more complex sentences.	3	0	2	0
9	Hard to put thoughts into word/s or sentence/s.	3	0	2	0
10	Experience problems in reading comprehension due to oral language difficulty.	3	1	1	0
11	Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one	3	1	1	0
12	Difficulty to arrange jumbled sentence.	3	0	2	0
13	Alter the meaning of a word	2	2	1	0
14	Always use third person instead of “I” in telling something about self.	2	2	1	0
15	Unable to comprehend instruction and conversation because of limited vocabulary.	2	1	2	0
	SOCIAL COMMUNICATION				
16	Give no or minimal eye contact during an interaction.	2	3	0	0
17	Speak too loudly or too fast.	3	1	1	0
18	Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of	2	2	0	1
19	Have poor reciprocal involvement with a communication partner.	3	1	1	0
20	Talk aloud to self in public situations and unaware that others can hear the content of the self-talk.	1	2	2	0
21	Have difficulty in listening to a message if stressed,	2	2	1	0
22	Unaware with others feelings and emotions	2	3	0	0
23	Struggle to start or end conversation.	4	0	1	0
24	Desire social interaction, but has difficulty on how to initiate	4	1	0	0
25	Discuss certain topics with unknown person.	4	0	0	1
26	Interferes social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or	2	2	1	0
27	Have difficulty making predictions about the consequences of a situation and be usually social innocent.	3	2	0	0
28	Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time;	3	1	1	0
29	Experience difficulty recognizing the lies, deceptions and	3	2	0	0
30	Have difficulty to give sufficient information to others.	2	3	0	0

Appendix J
Result of Assessment Checklist of Regular Teachers

	INDICATORS	Always Observed (4)	Sometimes Observed (3)	Rarely Observed (2)	Never Observed (1)
	LANGUAGE				
1	Appear to have a poor vocabulary use to exchange ideas towards other.	2	0	0	0
2	Struggle to say word/s correctly that others change its correct meaning.	1	1	0	0
3	Have difficulty to request needs and desires because of poor vocabulary.	2	0	0	0
4	Hard to choose the appropriate words that will fit to a sentence.	2	0	0	0
5	Appear to respond to a suggestions, directions, or information in a very literal manner.	2	0	0	0
6	Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, TV programs, and movies.	2	0	0	0
7	Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How	2	0	0	0
8	Difficulty to comprehend more complex sentences.	2	0	0	0
9	Hard to put thoughts into word/s or sentence/s.	2	0	0	0
10	Experience problems in reading comprehension due to oral language difficulty.	1	1	0	0
11	Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next.	2	0	0	0
12	Difficulty to arrange jumbled sentence.	1	1	0	0
13	Alter the meaning of a word	1	1	0	0
14	Always use third person instead of "I" in telling something about self.	1	0	0	1
15	Unable to comprehend instruction and conversation because of limited vocabulary.	2	0	0	0
	SOCIAL COMMUNICATION				
16	Give no or minimal eye contact during an interaction.	2	0	0	0
17	Speak too loudly or too fast.	2	0	0	0
18	Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others.	2	0	0	0
19	Have poor reciprocal involvement with a communication partner.	2	0	0	0
20	Talk aloud to self in public situations and unaware that others can hear the content of the self-talk.	2	0	0	0
21	Have difficulty in listening to a message if stressed, agitated, or highly stimulated.	2	0	0	0
22	Unaware with others feelings and emotions	1	1	0	0
23	Struggle to start or end conversation.	2	0	0	0
24	Desire social interaction, but has difficulty on how to initiate and maintain friendship.	1	1	0	0
25	Discuss certain topics with unknown person.	1	0	1	0
26	Interferes social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia	1	1	0	0
27	Have difficulty making predictions about the consequences of a situation and be usually social innocent.	2	0	0	0
28	Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time;	1	1	0	0
29	Experience difficulty recognizing the lies, deceptions and mischief of others	1	1	0	0
30	Have difficulty to give sufficient information to others.	2	0	0	0

Appendix K
Result of Assessment Checklist of Special Education Teachers

	INDICATORS	Always Observed (4)	Sometimes Observed (3)	Rarely Observed (2)	Never Observed (1)
	LANGUAGE				
1	Appear to have a poor vocabulary use to exchange ideas towards other.	1	2	0	0
2	Struggle to say word/s correctly that others change its correct meaning.	2	1	0	0
3	Have difficulty to request needs and desires because of poor vocabulary.	1	2	0	0
4	Hard to choose the appropriate words that will fit to a sentence.	2	1	0	0
5	Appear to respond to a suggestions, directions, or information in a very literal manner.	1	2	0	0
6	Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, TV programs, and movies.	3	0	0	0
7	Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How	2	1	0	0
8	Difficulty to comprehend more complex sentences.	3	0	0	0
9	Hard to put thoughts into word/s or sentence/s.	3	0	0	0
10	Experience problems in reading comprehension due to oral language difficulty.	2	0	1	0
11	Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next.	2	1	0	0
12	Difficulty to arrange jumbled sentence.	2	1	0	0
13	Alter the meaning of a word	2	1	0	0
14	Always use third person instead of “I” in telling something about self.	1	1	1	0
15	Unable to comprehend instruction and conversation because of limited vocabulary.	2	0	1	0
	SOCIAL COMMUNICATION				
16	Give no or minimal eye contact during an interaction.	2	1	0	0
17	Speak too loudly or too fast.	2	0	1	
18	Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others.	2	1	0	0
19	Have poor reciprocal involvement with a communication partner.	3	0	0	0
20	Talk aloud to self in public situations and unaware that others can hear the content of the self-talk.	2	1	0	0
21	Have difficulty in listening to a message if stressed, agitated, or highly stimulated.	2	1	0	0
22	Unaware with others feelings and emotions	2	1	0	0
23	Struggle to start or end conversation.	3	0	0	0
24	Desire social interaction, but has difficulty on how to initiate and maintain friendship.	3	0	0	0
25	Discuss certain topics with unknown person.	1	1	0	1
26	Interferes social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia.	2	1	0	0
27	Have difficulty making predictions about the consequences of a situation and be usually social innocent.	3	0	0	0
28	Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time;	3	0	0	0
29	Experience difficulty recognizing the lies, deceptions and mischief of others	3	0	0	0
30	Have difficulty to give sufficient information to others.	3	0	0	0

Appendix L
Result of Assessment Checklist of Behavior Therapists

	INDICATORS	Always Observed (4)	Sometimes Observed (3)	Rarely Observed (2)	Never Observed (1)
	LANGUAGE				
1	Appear to have a poor vocabulary use to exchange ideas towards other.	4	5	1	0
2	Struggle to say word/s correctly that others change its correct meaning.	3	3	4	0
3	Have difficulty to request needs and desires because of poor vocabulary.	4	1	2	3
4	Hard to choose the appropriate words that will fit to a sentence.	3	4	3	0
5	Appear to respond to a suggestions, directions, or information in a very literal manner.	6	1	3	0
6	Appear to have difficulty grasping the main idea, drawing conclusions and making other inferences from conversation, text, TV programs, and movies.	6	4	0	0
7	Appear to have difficulty in answering WH question such as Who, What, Where, When, Why and How	5	3	1	1
8	Difficulty to comprehend more complex sentences.	9	1	0	0
9	Hard to put thoughts into word/s or sentence/s.	3	7	0	0
10	Experience problems in reading comprehension due to oral language difficulty.	2	5	3	0
11	Difficulty in connecting idea to another idea from a conversation or text, e.g. not connecting the content of one sentence to the next.	6	2	2	0
12	Difficulty to arrange jumbled sentence.	3	3	3	1
13	Alter the meaning of a word	1	6	2	1
14	Always use third person instead of "I" in telling something about self.	2	3	5	0
15	Unable to comprehend instruction and conversation because of limited vocabulary.	0	5	5	0
	SOCIAL COMMUNICATION				
16	Give no or minimal eye contact during an interaction.	6	2	2	0
17	Speak too loudly or too fast.	4	4	2	0
18	Have difficulty staying on topic; may be distracted by associations cued by his or her own words or the dialogue of others.	6	3	2	-1
19	Have poor reciprocal involvement with a communication partner.	6	4	0	0
20	Talk aloud to self in public situations and unaware that others can hear the content of the self-talk.	3	4	1	2
21	Have difficulty in listening to a message if stressed, agitated, or highly stimulated.	7	1	1	1
22	Unaware with others feelings and emotions	3	4	3	0
23	Struggle to start or end conversation.	5	3	1	1
24	Desire social interaction, but has difficulty on how to initiate and maintain friendship.	5	2	3	0
25	Discuss certain topics with unknown person.	2	2	4	2
26	Interferes social interaction because of aggression, passivity, pacing, self-stimulation, self-abusive behavior, or echolalia.	5	2	1	2
27	Have difficulty making predictions about the consequences of a situation and be usually social innocent.	5	4	1	0
28	Have difficulty multi-tasking, i.e., talking or listening while doing something else at the same time;	5	3	1	1
29	Experience difficulty recognizing the lies, deceptions and mischief of others	8	0	0	2
30	Have difficulty to give sufficient information to others.	4	5	1	0